



THE NATIONAL BOARD EXAMINER

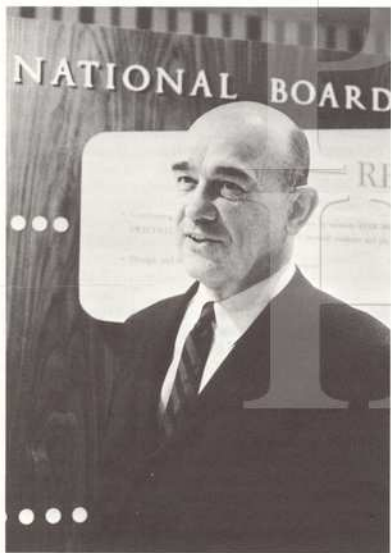
Published by the National Board of Medical Examiners • Philadelphia, Pennsylvania

VOL. 20, No. 1

OCTOBER, 1972

In Memorium

JOHN PARKS, M.D.



Doctor John Parks, wise counselor, inspiring leader and warm personal friend, died on July 5, 1972. The members of the National Board of Medical Examiners, especially its home team, share with his family and his colleagues throughout the medical world a sense of irreplaceable loss.

Doctor Parks first became actively involved in the affairs of the Board in 1959 as a member of a committee appointed to study and to revise the final part of the series of National Board examinations (Part III). The outcome of this study, in which Doctor Parks had a prominent role,

(Continued on page 3)

A National Program for Certifying Physician's Assistants

The National Board of Medical Examiners, with the concurrence and cooperation of the AMA's Council on Health Manpower, has embarked upon a national program to certify assistants to the primary care physician.

This new role for the National Board has emerged after extensive study and discussion that has continued over many months. The question was considered in depth by the Board's Committee on Goals and Priorities, which has undertaken a review of the most likely course for medical education and the related needs of evaluation and certification over the next ten years. A report prepared by two members of this Committee, Miss Margaret E. Mahoney, Vice-President, The Robert Wood Johnson Foundation, and Dr. John E. Evans, President, The University of Toronto, dealt in a very compelling manner with the rapidly moving events that led to a recommendation that the National Board should assume responsibility for developing examinations for physician's assistants.

In considering this comprehensive report, the Committee engaged in extensive discussion about a number of issues and their implications for the National Board.

There was agreement that medical education will be influenced by changes in areas of allied health education and that the National Board should consider potential involvement in one or more of these areas. But how to draw the line in determining the extent of the Board's participation in these new areas and whether the involvement should be all or none were questions which needed to be considered. In answering these questions, agreement was reached that the Board's responsibility for examination and certification of allied health professionals should be limited to those who participate in direct patient care. This limitation of responsibility was further defined by including only those health professionals who will be directly responsible to the physician.

Accordingly, the Committee agreed that the assistant to the primary care physician, classified as Type A by the National Academy of Sciences, would be the most appropriate point of entry into the allied health field for the following reasons:

- physician's assistants will be a significant part of the health care delivery system;
- there is already an urgent need for credentialing in this area;

- (c) because the credentialing of physician's assistants is closely related to that of physicians, it is the appropriate point of entry in the credentialing of allied health professions;
- (d) the National Board has the medical and psychometric resources and experience to undertake responsibility for the examinations for physician's assistants;
- (e) the National Board has been involved for many years in evaluation of medical students and physicians with whom the physician's assistants will have direct relationship and overlapping areas of medical care;
- (f) there is a potential for movement of the physician's assistant into the category of physician and it would be desirable for a single agency to be responsible for evaluation of both categories;
- (g) as an agency independent of the educational system, the employer and the profession itself, the National Board is the most appropriate agency to assume responsibility in this area.

The Goals and Priorities Committee then focused more directly upon the evaluation of this new category of health professional and emphasized the importance of basing the examination procedure on the function of the physician's assistant rather than on job classification or curriculum content of training programs. But then the question arose as to how a definition of function should be derived and by whom. Clearly, the first step would be a task analysis that would then form the basis for the design and construction of the examination and would lead to evaluation of not only cognitive ability but also clinical skills. In fact, evaluation of clinical skills might well be the most important aspect of the examination process. While test techniques that have been well established for evaluating the clinical competence of physicians would be applied as indicated, the Committee recognized the importance of research efforts for the development of appropriate measuring instruments for evaluation of clinical skills for the physician's assistants. Indeed, new methods developed for the examination of physician's assistants might make important contributions to the evaluation of the competence of physicians.

These deliberations and recommendations of the Committee on Goals and Priorities were reviewed and approved by the Board's Executive Committee at its meeting on February 18, 1972. Then, at its Annual Meeting on March 18, 1972, the full Board adopted the policy that involvement in the development of examinations for assistants to the primary care physician is a proper and appropriate role for the National Board of Medical Examiners.

In accepting this new role the Board realized that additional staff would be required and that a carefully selected task force should be appointed to advise the Board on the development of the new program. After consultation and interviews with many individuals, Barbara J. Andrew, Ph.D., was appointed as Associate Director with specific responsibility for the study and development of appropriate test methodology. Dr. Andrew is highly qualified for this new position, coming to the Board from the University of Southern California, where she was Assistant Professor of Research in Medical Education. Further notice of her appointment appears elsewhere in this issue of the EXAMINER.

A Special Study Committee under the chairmanship of Edmund D. Pellegrino, M.D., Vice-President for Health Sciences, State University of New York at Stony Brook, was appointed with membership as follows:

Mrs. Kathleen Andreoli, Educational Director, Physician's Assistant Program, University of Alabama;
 C. Hilmon Castle, M.D., Chairman, Department of Community and Family Medicine, University of Utah Medical Center;
 Francis C. Coleman, M.D., Chairman, Committee on Certification, Registration and Licensure, AMA Council on Health Manpower;
 Nicholas Danforth, M.D., Assistant Dean, Dartmouth Medical School (Consultant, MEDEX Program);
 Douglas A. Fenderson, Ph.D., Director, Office of Special Programs, Bureau of Health Manpower Education;
 Archie Golden, M.D., Assistant Director, Health Services Research and Development, the Johns Hopkins Medical Institution;
 Mr. Nicholas Griffin, Secretary, Council on Health Manpower, AMA;
 Eleanor Lambertsen, Ph.D., Dean, School of Nursing, Cornell University - New York Hospital;
 Miss Margaret E. Mahoney, Vice-President, The Robert Wood Johnson Foundation;
 John Ott, M.D., Assistant Professor of Pediatrics, University of Colorado Medical Center;
 Malcolm Peterson, M.D., Dean, School of Health Services, Johns Hopkins University;
 Alfred M. Sadler, Jr., M.D., Director, Physician's Associate Program, Yale University School of Medicine;
 Blair L. Sadler, J.D., Co-Director (Counsel), Physician's Associate Program, Yale University School of Medicine;
 Henry K. Silver, M.D., Director, Child Health Associate Program, University of Colorado Medical Center;
 Mr. William D. Stanhope, Director, Physician's Associate Program, University of Oklahoma;
 Eugene A. Stead, Jr., M.D., Florence McAllister Professor of Medicine, Duke University School of Medicine;
 Malcolm C. Todd, M.D., Chairman, AMA Council on Health Manpower;
 Mr. Steven Turnipsed, Associate Director of Training, MEDEX Program, University of Washington.

This Committee was asked to advise the National Board with respect to both short-range and long-range responsibilities which include:

1. definition of the function of the physician's assistant, such that this functional definition can serve as the basis for the development and design of the examination system;
2. research as may be needed to develop new test methodologies to determine the knowledge, competence and skills of individuals as they enter educational programs (equivalency examinations) and as they qualify for certification (proficiency examinations);
3. requirements for admission to the examination and standards for certification;
4. administration of the examination;
5. provision for geographic mobility of certified individuals (e.g., from state to state);
6. provision for career mobility (e.g., from physician's assistant to physician);
7. procedures to assure continuing competence of physician's assistants following certification.

The charge to this Committee reflected both the need to facilitate optimum development of this new category of health professional and the realization that this goal could be accomplished only if other fundamental and related

issues such as recertification and career mobility were also addressed.

In its meetings that have been held on nearly a monthly basis, the Special Study Committee has made notable progress. In order to identify the specific competencies of the physician's assistant, a task inventory consisting of some nine hundred health care tasks was compiled. These health care tasks were organized under five major headings which represented various components of the clinical problem-solving process: data gathering; data analysis and interpretation; data synthesis; medical and health care procedures; and other health care activities. Each of these major headings was then divided into subcategories into which tasks of a similar nature were grouped.

A copy of the task inventory was sent to each member of the Special Study Committee who was asked to consider carefully each task statement and decide whether the Type A assistant to the primary care physician would definitely, probably, probably not or definitely not be able to perform that task.

The purpose of this process was not to define what the physician's assistant ought to do in clinical practice. Rather, the purpose of the task inventory was to define those skills that an assistant to a primary physician could be expected to possess, while recognizing that physician's assistants may differ in the functions they perform, depending upon the clinical setting and the physician with whom they work.

Because the number of health care tasks that the physician's assistant would definitely be able to perform is so large, it became evident that it would not be possible to sample each of these tasks adequately on a certifying examination. For this reason, the Committee was asked to establish priorities for these tasks on the basis of how frequently they would be encountered in the practice of a primary care physician, and how critical the task is to optimum health care delivery. Therefore, in a second inventory, the Committee members were asked to evaluate each health care task on two scales, each consisting of four intervals indicating high to low frequency and high to low criticalness.

At this writing the results of this second study are not yet available. It is expected, however, that on the basis of the progress to date, the following objectives will have been accomplished by October 31, 1972:

- (a) the health care tasks that the assistant to the primary care physician should definitely be able to perform will have been identified;
- (b) these health care tasks will have been assigned a priority on the basis of the frequency with which they can be expected in the practice of a primary care physician and how critical they are to the delivery of optimum health care;
- (c) a core of health care tasks which will serve as the basis for the content and methodology of a certifying examination for physician's assistants will have been developed; and,
- (d) subcommittees will have been formed to begin development of a certifying examination.

All those involved in this program are well aware of its magnitude and its urgency. It is recognized, however, that development of a new examination for a new category of health professional should not, and cannot, be approached as a crash program. There will need to be pilot testing of evaluation instruments and methodologies before their validity and reliability can be fully established. According to present planning, it is hoped that the first administration of a national examination can be anticipated before the end of 1973.

Dr. Parks (Continued from page 1)

was the development of better methods for the evaluation of clinical competence of physicians, methods that have had far-reaching application in examination programs at the graduate level. In 1962 he accepted chairmanship of a similar committee that was appointed by the Board to study and to revise its Part II examination designed for medical students at or near the point of graduation. The following year he became a member of the Board's Executive Committee and two years later (1965) was elected President of the Board.

Things never remained the same when Doctor Parks became actively involved in them. And such was the case for the National Board of Medical Examiners. After a year in office, in his report as President, he called for a new posture for the National Board to fulfill its expanding role in medical education, research and service. He appointed a committee to revise the constitution and by-laws, thus recognizing the need for a new organization to meet the Board's widening responsibilities. He saw the necessity for adequate housing for the Board's increasing activities and gave encouragement and support to the building of a new home for the Board even though the problems of financing the building were formidable. In his report in 1967 he stated: "The new National Board building is certainly the most visible landmark of this year or of any year. It is not only a beautiful structure, but it is truly a marvel of functional architecture. It completely captures the concept of the Board. The architectural design is entirely in tune with the functions of the organization. It is a classic example of the translation of structure into the needs of this great organization. It is a monument to an adventure in faith on which we all embarked." And it is a monument to John Parks and to the strength of his leadership.

The title of President was a very familiar one to John Parks. He had also been President of the American Association of Obstetricians and Gynecologists and the Washington Gynecological Association. At the time of his death he was President of the American Gynecological Society. His distinction in his chosen specialty, obstetrics and gynecology, was not only marked by his long term as Professor and Chairman of the Department of OB-GYN at George Washington University School of Medicine, but also recognized internationally in 1969 by the award of Fellow of the Royal College of Obstetrics & Gynecology of London.

In 1967 he retired as President of the National Board and the following year was President of the Association of American Medical Colleges, where again progress was accompanied by organizational changes.

Although few deans remain long in office, Doctor Parks was Dean of George Washington University School of Medicine for fifteen years, during which time his greatest achievement was the rebuilding of the medical school as an integral part of the entire medical center complex. Having retired as Dean a few months before his death, he was named Vice President for Medical Affairs at George Washington University.

John Parks, together with his wife Mary Dean, will be missed by so many with whom they together were closely associated. Among those who will miss them most are his friends and associates at the National Board. But here, as elsewhere, his influence will continue, for it is as solid as the cornerstone that he set in place for the Board's new building.

At NBME Headquarters

Barbara J. Andrew, Ph.D., has been appointed an Associate Director of the National Board of Medical Examiners effective June 1972. Dr. Andrew, who was an Assistant Professor of Medical Education and Training Coordinator at the University of Southern California School of Medicine's Division of Research in Medical Education, will have major staff responsibility in studying appropriate methodology for a new certifying examination for assistants to primary care physicians.

Dr. Andrew is recognized for her work in the development of techniques for assessing clinical performance, the development and pilot testing of simulated management exercises and the development of teaching and learning modules while at the University of Southern California.

She has served as a consultant in test development, continuing education, curriculum development and evaluation studies to a number of organizations including: World Health Organization, American Medical Association, National Cancer Institute and National Regional Medical Programs.

Dr. Andrew received her A.B. and M.A. degrees from UCLA, and was awarded her Ph.D. degree at USC in 1970.

Mr. William L. Slobodnik was appointed Special Assistant to the President last spring. Mr. Slobodnik came to the Board from RCA where he was Manager of Systems and Procedures and MIS Field Systems for the RCA Computer Systems Divisions. In this capacity, he also served as a business consultant to the executive management of the RCA Corporations.

At the National Board he is providing much-needed business management, administrative and systems assistance in the refinement of present operations. He also is assisting in the development of National Board plans as they involve new programs and greater growth.

National Board Examination Schedule for 1973

PART I

Examination	Closing Date for Registration
June 12-13	April 17
September 5-6	July 11

PART II

Examination	Closing Date for Registration
April 10-11	February 13
September 25-26	July 31

PART III

Examination	Closing Date for Registration
March 7	January 10
Make up in May	

Please Mark Your Calendar
Annual Invitational Conference
March 16, 1973
Annual Meeting of the Board
March 17, 1973

Philadelphia



National Board
of Medical Examiners
3930 Chestnut Street
Philadelphia, Pa. 19104

Second Class Postage Paid
at Philadelphia, Pa.

RETURN POSTAGE GUARANTEED
The National Board Examiner, published monthly eight times a year from October to May, by the National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Pa. 19104. Subscription one dollar a year. Second-class Postage Paid at Philadelphia, Pa., under the act of March 3, 1879.