

AMERICAN MEDICAL ASSOCIATION

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COUNCIL ON HEALTH MANPOWER

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THE PHYSICIAN'S ASSISTANT - A PROGRESS REPORT

Malcolm C. Todd, M.D., Chairman Council on Health Manpower

The primary purpose of this communication is to report the progress that has been made by our Council on Health Manpower in working closely with medical specialty societies in the development and implementation of a rational methodology for evaluating the need for and proper role of new health personnel to assist the physician. The past few years have witnessed extensive activity by educational institutions in various parts of the country in developing new physician support occupations generically termed "physician's assistants". Within this subject area discussion has focused on several perplexing issues: how will P.A.'s fit into the present medical care team; will they be accepted by the patient; how will the use of P.A.'s affect the cost of medical care; what training should they receive; what will be their effect upon liability and malpractice; what professional recognition should be accorded "physician's assistants", etc.?

In 1969, the AMA House of Delegates adopted the Council on Health Manpower "Guidelines for the Development of New Health Occupations" which are intended to assist those organizations and institutions contemplating the training and development of new health manpower. In 1970 the Council recommended to the Board of Trustees that the following be adopted as a working definition of the term "physician's assistant" or any other term that indicates a new health occupation with qualifications other than those of a licensed physician working in the capacity of an assistant to such a physician.

"The physician's assistant is a skilled person qualified by academic and practical training to provide patient services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant."

The Council on Health Manpower has also expressed its concern with the growing use of the term "physician's associate" to describe this new health occupation, and its recommendation that this term be used only to denote another physician was adopted by the House this year.

At the heart of all of these issues has been the primary problem of identifying the appropriate role and functions for this new category of health manpower, specifically, what will the "physician's assistant" do on the job? The real work of finding the answers to this question has been the major activity of the Council on Health Manpower and its Committee on Emerging Health Manpower since 1968. Models reflecting the consensus of potential employers as to the desirable role and functions for several new health occupations have been prepared according to the requirements of the outline for evaluation

presented in the Council on Health Manpower's "Guidelines".

The American Academy of Orthopaedic Surgeons and, more recently, the American Urological Association, have both completed surveys of their membership to corroborate need for a new type of assistant on their team, and have developed detailed job descriptions for these new categories of health personnel. Based on this documentation, the Council on Health Manpower approved occupational guidelines for orthopaedic and urologic physician's assistants, respectively, and invited both specialty groups to work with the Council on Medical Education to develop criteria for the accreditation of educational programs. The Council on Medical Education has completed "Essentials for Approved Educational Programs for the Orthopaedic Physician's Assistant" and the drafting of "Essentials" for the urologic physician's assistant is well under way.

In April 1971, the American Society of Internal Medicine, American Academy of Family Physicians, and American College of Physicians jointly provided the Council on Health Manpower with a list of functions that could be delegated to assistants employed by primary physicians, especially internists and family or general physicians. The American Society of Internal Medicine and the American Academy of Family Physicians have also completed surveys to document the attitudes of their membership towards the physician's assistant. Accordingly, the Council on Health Manpower endorsed the occupational outline for primary physician's assistants as identified by these groups and invited these specialties to begin work with the Council on Medical Education to draft educational standards. This work is in progress.

The importance of these efforts becomes clear in light of the national need for increased numbers of skilled allied health workers, the desire to use the acquired skill and experience of returned military medical corpsmen, and the need for nationally recognized accreditation of programs in this new field to assure quality. Additionally, the Council on Health Manpower is exploring the feasibility of a mechanism for national certification of physician's assistants based upon proficiency examinations to provide alternative mechanisms for entry into the field and a greater assurance of personal qualifications of such personnel than are afforded through present systems of recognition.

The Council on Health Manpower with legal assistance has drafted answers to several specific questions forwarded by state agencies now attempting to establish regulatory mechanisms for physician's assistants. These questions and answers are enclosed for your reference.

By now you have probably received the AMA Department of Health Manpower Informational Bulletin on the Physician's Assistant which lists the various programs known to be operating or in the planning stages around the country. If you have not yet received your copy, or would like additional copies sent, please forward your request to the AMA Department of Health Manpower. I might also mention that the Council on Health Manpower is presently developing a white paper in conjunction with the Councils on Medical Education and Medical Service which will discuss the past, present, and future trends in allied health manpower education and utilization. This report will be submitted to the House of Delegates for approval in November. At the Annual Meeting this year, a joint effort of these same Councils produced a report on Physician Manpower and Medical Education to serve as a major resource document for the House. A copy of this extensive report is also available from the AMA Department of Health Manpower.