

American College of Physicians Assistants



June 30, 1972

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Dear Dr. Howard:

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American College of P.A.
and file*

OFFICERS:

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During the last few months, we have been communicating with you on a periodic basis regarding the development of the American College of Physicians Assistants. We have been very pleased with the growth of our Association both in concepts and in membership. However, we have not been anxious to grow too rapidly since we wanted to be sure our Association would be properly directed toward the course and scope of the American Medical Association.

Last week several of our executive committee members and advisors attended the American Medical Association convention in San Francisco. They attended various House of Delegates meetings that were relative to the future of the Physician's Assistant, and, to put it mildly, they were delighted at the position and direction the delegates took. Furthermore, our executive committee and advisors had numerous meetings with officials of the American Medical Association, and found total accord on the direction our Association is taking.

We wholeheartly endorse the American Medical Association news release dated June 23, 1972, made jointly by Max H. Parrott, M.D., Chairman of the American Medical Association's Board of Trustees and John P. Hubbard, M.D., President of the National Board.

We feel that because of the diversification of the Physician's Assistant Programs across the country, and the attempts by other organizations to certify Physician's Assistants, the American Medical Association has developed the proper solution to the problem. As the news release states, a national certification test will be developed by the American Medical Association, and the National Board of

Medical Examiners. The objective of the project is to determine the best way of developing nationally validated certifying examinations that will ensure the orderly development of the concept of the assistant to the primary care physician.

We further feel that it is necessary for all of us to assist in every way possible to assist them in this project.

The key points, in our opinion, all of which were approved by the House of Delegates are as follows:

- #1. REPORT Z OF THE BOARD OF TRUSTEES - GUIDELINES FOR COMPENSATING PHYSICIANS FOR SERVICES OF PHYSICIAN'S ASSISTANTS. (EXCERPT)

Careful consideration was given to developing for national application a professional delineation of the physician-like functions that may safely be delegated to the primary care physician's assistant functioning in a setting removed from direct physical supervision of the physician. Because of the variation in patterns or settings under which medical care is provided across the country, a uniform list of permissible functions is neither practicable nor desirable. The Board and its Council on Health Manpower believe that functions appropriate for delegation can best be determined by the individual physician in terms of the capabilities of his particular assistant and that such proposed functions should be approved on an individual basis by the medical licensing authority in the physician's state (as is already the case in a number of jurisdictions).

Space limits us from reprinting other highlights of this report. However, we feel it is of extreme importance to the future of the development of the Physician's Assistant.

June 30, 1972

Page 3 (continued)

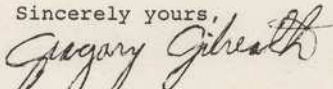
- #2. RESOLUTION 121 - REPORT OF REFERENCE COMMITTEE B - OPPOSITION TO DISCRIMINATORY LEGISLATIVE RESTRICTIONS ON THE USE OF ALLIED HEALTH PERSONNEL IN MEDICAL PRACTICE. (EXCERPT)

This resolution calls upon the American Medical Association to affirm the right of ophthalmologists in particular, and all other physician's in general to utilize the services of medical supportive personnel in the rendering of needed health care. This resolution further calls upon the American Medical Association to urge state medical societies to strongly oppose any state legislation which would limit the physician's right to use such supportive personnel consistent with sound medical practice.

Various other resolutions were proposed and passed relative to the further development of our profession. In our opinion all of the resolutions were in our respective best interests and we wholeheartedly encourage Physician's Assistants throughout the country to follow the American Medical Association's course of direction. We further feel that it is in the best interests for all of us to unify together under one strong national association, so that in working with our supervising medical authority, we can make the profession of a Physician's Assistant an admirable one indeed.

We are looking forward to you joining us in the near future.

Sincerely yours,



Gregory Gilreath,
President

AMERICAN COLLEGE OF PHYSICIANS
ASSISTANTS