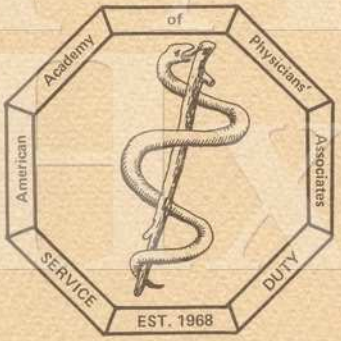
THE AMERICAN ACADEMY OF PHYSICIANS' ASSOCIATES



Informational Brochure

THE AMERICAN ACADEMY OF PHYSICIANS' ASSOCIATES

Informational Brochure

This informational brochure of the American Academy of Physicians' Associates is published by the American Academy of Physicians' Associates, Box 2914 CHS, Duke University Medical Center, Durham, N.C. 27710. Second class postage paid at Durham, N.C.

GENERAL PURPOSE

The American Academy of Physicians' Associates is a professional, non-profit organization of registered physicians' associates established to encourage the dedication of its professional membership to conscientious, high quality service; ethical, moral conduct; and cooperative, community-oriented attitudes. To further these goals, the Academy publishes the journal *Physician's Associate,* maintains a close relationship with the American Registry of Physicians' Associates, upholds continuing education requirements, provides educational services, and annually reviews the standing of all members.

CONTENTS

THE ACADEMY

Early history

The American Association of Physicians' Assistants was formed by students of the Duke University Physician's Assistant Program in April, 1968. Three years later, in the spring of 1971, the name of the organization was changed to the American Academy of Physicians' Associates. The change was precipitated by the growing ambiguity of the term "physician's assistant," and the organization's need to better define its membership. The organization was also concerned with remaining abreast of and in harmony with all relevant developments in the medical world.

The ambiguity surrounding the term "physician's assistant" was largely promulgated by the publicizing and popularizing of the physician's assistant concept. Many health workers thought the assistance they rendered the physician automatically qualified them as a physician's assistant. To add to the confusion, self-declared physician's assistant programs—some only four hours in duration—sprang up all over the country.

There consequently developed a need for a means of differentiating among the credentials and capabilities of various types of physicians' assistants. Universities solved part of the problem simply by adopting new names for their programs and their graduates. While such actions differentiated certain programs and personnel from others, they were little help to the original problem, a clarification of the term "physician's assistant."

Defining the physician's assistant

The National Academy of Sciences, recognizing the need for a definition of the term "physician's assistant," fashioned three general descriptions covering all physicians' assistants. These definitions are the most specific guidelines for physicians' assistants to date.

The three types are defined by the NAS as follows:

The Type A assistant is capable of approaching the patient, collecting historical and physical data, organizing these data, and presenting them in such a way that the physician can visualize the medical problem and determine appropriate diagnostic or therapeutic steps. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordinating the roles of other, more technical, assistants. While he functions under the general supervision and responsibility of the physician, he might, under special circumstances and under defined rules, perform without the immediate surveillance of the physician. He is thus distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment.

The Type B assistant, while not equipped with general knowledge and skills relative to the whole range of medical care, possesses exceptional skill in one clinical specialty or, more commonly, in certain procedures within such a specialty. In his area of specialty, he has a degree of skill beyond that normally possessed by physicians who are not engaged in the specialty. Because his knowledge and skill are limited to a particular specialty, he is less qualified for independent action. An example of this type of assistant might be one who is highly skilled in the physician's functions associated with a renal dialysis unit and who is capable of performing these functions as required.

The Type C assistant is capable of performing a variety of tasks over the whole range of medical care under the supervision of a physician, although he does not possess the level of medical knowledge necessary to integrate and interpret findings. He is similar to a Type A assistant in the number of areas in which he can perform, but he cannot exercise the degree to independent synthesis and judgment of which Type A is capable. This type of assistant would be to medicine what the practical nurse is to nursing.

These new health careers would be open to members of either sex. Although practical nursing has in the past been a predominantly female occupation, some medical corpsmen, as they re-enter civilian life and seek careers in the health field, are taking the licensing exam and becoming practical nurses. There is no basis for preference for either sex relative to any of the assistant types described here.

As far as can be foreseen into the future, these assistants should perform as members of a health team under the general supervision and authority of a physician or group of physicians. The provision that they should perform in a dependent relationship with physicians in fact expands the range of functions that are or may come to be within their individual spheres of competence. Of the various independent practitioners in the health field, only the physician is authorized to perform indepedently over the full range of medical care. The more narrowly defined spheres of activity of other practitioners are likely to influence strongly, if not firmly dictate, the limit of their functions and development—if for no other reason than that they bear so heavily on the nature of the problems that will be presented to them. On the other hand, assisting with the variety of problems that confront physicians over time provides opportunities for continuous learning and encourages the development of new skills that would justify "rising ceilings" on the activities and careers of exceptionally able assistants.

The functions performed by such assistants should be within the scope and medical competence of the physicians under whom they work. For example, it would be inappropriate for a surgeon's assistant to perform a preoperative cardiac evaluation unless the surgeon is competent to review his work critically.

Name change

After the names of many university programs had been changed and the NAS had established guidelines of general categorization, it was necessary for the Association to decide what action, if any, it should take.

The Association determined that with so many types of physicians' assistants, it would best serve the goals of the organization if membership were reserved exclusively for Type A assistants. Changing the name of the group then became a necessity. The American Academy of Physicians' Associates thus replaced the American Association of Physicians' Assistants.

Membership

There are two classifications of membership in the Academy: fellow members and student members. Any man or woman of good moral character who is a registered physician's associate working under the supervision of a licensed doctor of medicine qualifies for admission as a fellow member. Any person enrolled in a physician's associate program qualifies for admission as a student member in an affiliated student chapter of the Academy.

The certification and registration of physicians' associates and the accreditation of physician's associate programs is conducted by the American Registry of Physicians' Associates, Inc. The ARPA assures that all members and member programs meet specified minimum requirements.

Any physician's associate who has been certified by and registered with the ARPA may then apply to the Membership Committee of the Academy. With the approval of the Board of Directors the applicant may be elected a member for one year. As a fellow member the physician's associate is entitled to vote and hold office in the Academy.

All membership is reviewed annually. Continuing high quality professional service and moral, ethical behavior are two of the main criteria for continued membership. A third major prerequisite for continued membership is the fulfillment of the continuing education requirement which, according to the By-Laws, states that "no member shall be reelected...who has not, during the period of the preceding three years, completed a minimum of one hundred and fifty clock hours of post-graduate study of a nature acceptable to the Board of Directors." Any member not reelected may be reinstated at a later date if, in the judgment of the Board of Directors, he or she has fulfilled the requirements for continuing membership.

Student chapters

Student chapters have been established at colleges and universities to facilitate student participation in the Academy. These chapters are located at registry-member programs where students have generated sufficient interest to support a local chapter. Each year student chapters elect a national representative who sits on the Board of Directors and who exercises full voting rights in the students' behalf. Besides having a voting member on the Board of Directors, student members enjoy many of the other privileges enjoyed by fellow members.

Organization

The Academy is governed by the Board of Directors. The Board, according to the By-Laws, "shall have and exercise all the power necessary to control the operations, programs and policies of the Corporation and all of its details." Included in the authority of the Board is the right to make contracts, incur debts or other obligations and to take full charge, custody and control of the real and personal property of the Academy.

Much of the routine work of the Academy is carried on by a number of standing committees concerned with the by-laws, continuing education, membership, finances and public relations. Standing committee members are appointed by the Board of Directors, who usually place one member of the Board on each committee to represent the views of the Board.

Serving the Academy in a counseling capacity is the Board of Advisors. Representatives from the professions of organized medicine, academic medicine, community medicine and law sit on the Board of Advisors and offer excellent guidance to the Academy.

The Physician's Associate

The *Physician's Associate* is the professional publication of the American Academy of Physicians' Associates. Through *Physician's Associate* the Academy provides for the general dissemination of information, offers a forum for discussing issues relevant to physicians' associates and contributes to the continuing education of its readers.

Physician's Associate has established itself as a primary information and reference source for all those interested in following the development of the physician's assistant concept.

Subscription information is available from Charles B. Slack, Inc., Thorofare, New Jersey, 08086, or from the Academy.

THE PHYSICIAN'S ASSOCIATE

The concept

More than a decade ago specialists at Duke Medical Center concerned with applying new diagnostic and therapeutic procedures found that they could safely delegate many of their functions to non-physicians, thereby extending their services to a greater number of patients. Because of the scarcity of nurses and allied health professionals, the specialists relied primarily on ex-military corpsmen who had previous health related education and experience but did not fit readily into the civilian health care system. At the same time, the plight of the over-worked primary care practitioner was becoming manifest and it was perceived that the specialist's use of ex-military corpsmen might be modified effectively to solve the dilemma of the primary care physician.

Because of the complexities of medical practice and the changing patterns of health care delivery, it was decided not to develop a task-oriented training program, but, rather, to formulate a basic medical curriculum at the undergraduate level so that graduate physicians' associates would possess a broad understanding of theoretical and scientific concepts. It was reasoned that in this way the graduate could continue to function effectively ten or twenty years hence when current task-oriented skills would probably be outmoded. A fact also considered was that the ultimate definition of an assistant would be impossible, since every physician performs in a manner somewhat different from every other physician.

Education

The professional education of a physician's associate includes a sufficient component of general medical knowledge which enables all graduates to function as a primary care physician's assistant. Training in other medical and clinical specialties is also available to the student. The curriculum balances a broad understanding of the medical sciences and their application to a clinical discipline. It consists of academic education in the basic sciences and the clinical application of basic medical knowledge in service to the patient.

The basic sciences curriculum is designed to provide the student with an understanding of the theoretical concepts of disease processes. At the same time, this curriculum helps establish a minimum standard of knowledge and proficiency among all physicians' associates in the basic medical sciences. The courses generally include instruction in lecture and seminar discussion groups combined with laboratory and clinical experience where appropriate.

The clinical curriculum consists of rotations which help develop the student's ability to respond to the needs of the patient. Of particular emphasis in both curricula is the development of the physican's associate's ability to take histories and perform physical examinations.

Professional functions

The physician's associate can function professionally anywhere a licensed physician practices medicine. He can be of particular aid in areas of low physician-patient ratios. Any setting, however, be it a medical center, an industrial complex or a solo practitioner's office, is appropriate for the utilization of the physician's associate.

The responsibilities the physician's associate is allowed to assume are generally determined by the supervising physician. The Veteran's Administration has detailed a "routine work assignment" for utilizing the physician's associate in the hospital setting in the VA Circular 10-71-32 entitled "Physician's Assistants—Guidelines for Utilization" and reproduced below. According to the VA Circular and general utilization procedures, the physician's associate may also perform duties besides those classified "routine" with the direct authorization of the physician or in an emergency situation pending the availability of a physician. He may also perform certain standard administrative and clinical duties traditionally performed by the physician.

VA routine work assignment

Duties which may be performed by the (Type A) Physician's Assistant as a part of his routine work assignment. Histories, physical examinations, and other chart entries must be reviewed by the responsible physician(s). Orders by the PA will be carried out when written but must be reviewed and countersigned by the responsible physician as soon as feasible, but normally within 24 hours. The Physician's Assistant may decide to admit a patient, but any decision to reject or to discharge a patient from inpatient or outpatient care shall remain with the physician(s). Duties falling in this category include :

1. Performing initial histories and physical examinations on new patients, both inpatients and outpatients, and those in Extended Care programs, and indicating medical problems.

2. Performing staff examinations, e.g., 2507, 10-R-10, PBC, and PHC examinations, on outpatients and also employee health examinations.

3. Performing periodic physical examinations on long-term patients and domiciliary patient members.

4. Ordering appropriate laboratory tests, x-rays, EKG, and comparable procedures, according to criteria previously established by the responsbile physician(s) and the Medical Executive Committee.

5. Drawing blood specimens for testing and performing other comparable procedures when personnel who customarily perform such procedures are not available.

6. Ordering routine medications.

7. Initiating consultations and monitoring scheduling of patients for special tests.

8. Making daily rounds to observe and record pertinent progress of patients, updating and summarizing charts, changing orders when appropriate, and notifying the responsible physicians of changes in the patient's condition.

9. Making interim summaries, as required.

10. Dictating required notes on all procedures performed for which he is responsible and which fall in category A.

11. Counseling the patient and his family as to preventive care, medical problems, and the use of prescribed treatment and drugs.

Legal status

Early in the experimental phase of the physician's assistant concept there was a great deal of concern regarding legal issues. This concern was dictated by the necessity of assimilating the new personnel into the legal framework of medical practice. At first this was done on the basis of an opinion given by the North Carolina Attorney General. That opinion stated the utilization of any type physician's assistant would not contravene the existing state medical and nursing practices acts.

Later, a study sponsored by the Department of Health, Education, and Welfare and conducted by the Duke University Department of Community Health Sciences concluded that encouraging the enactment of an exception to a state's medical practices act would be the best means of accommodating the physician's associate into the legal framework. This proposed exception included all types of physicians' assistants, thus avoiding any unnecessary legal restrictions. Since this study, many states have passed exceptions to their medical practices act, though few have followed the Duke format; many other states have similar legislation pending.

While the legal questions regarding the physician's assistant have yet to be universally resolved, the legal status of the physician's assistant is being recognized. A system of regulation for the states has been developed which is based on the approval of the physician-employer and on the expectation of his proper utilization of the physician's assistant. It is important to emphasize that the limits on the physician's assistant are based on a responsible assessment of the talent and capacity of the physician's assistant. Thus, a responsibility is also placed on the physician's assistant that does not exist for most other health personnel who function in a supporting role of a physician.

Liability insurance

Professional liability insurance is available to physician's associates and their employing physicians (for the additional exposure encountered in employing a physician's associate) under the Insurance Service Office—formerly the Insurance Rating Board—Code No. 9711 and No. 9710H, respectively. Coverage is available to the physician's associate only as he functions under the supervision and direction of a licensed physician. Rates, of course, vary from state to state, but it generally follows that the physician's associate pays approximately 50% of the fee paid by his supervising physician for similar coverage. The added cost to the physician is generally nominal.

Professional benefits

As a health care professional the highly motivated physician's associate can expect to earn from ten to fourteen thousand dollars per year upon graduation and professional registration. The utlimate salary range of a physician's associate will undoubtedly be based on his value to his physician-employer.

Other professional benefits include unlimited mobility—as job openings for physicians' associates vastly outnumber the available physicians' associates—and professional membership—with all the benefits of such an organization. Possibly the greatest benefit to a physician's associate, however, is the inherent satisfaction that comes with being a responsible member of the medical health care team.

THE AMERICAN ACADEMY OF PHYSICIANS' ASSOCIATES

Code of Ethics

Preamble

These principles are intended to aid physicians' associates individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician's associate may determine the propriety of his conduct in his relationship with patients, with colleagues, with physicians, and with the public.

SECTION I. A physician's associate should strive continually to improve medical knowledge and skill.

SECTION II. A physician's associate should not voluntarily associate professionally with anyone who violates the principle of healing by scientific methods.

SECTION III. The Academy should safeguard the public and itself against physician's associate deficient in moral character or professional competence. Physician's associate should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow and student members.

SECTION IV. A Physician's associate will not engage in independent diagnosis or treatment or work on a fee-for-services basis.

SECTION V. A physician's associate may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION VI. A physician's associate should participate in activities which have the purpose of improving both the health and the well-being of the individual and the community.

APPENDIX

INFORMATION MORE

To the Academy:

I am interested in the physician's associate concept and your organization and would appreciate more detailed information concerning the following:

_____

_____

_____

FROM: Name _____

Address _____

City _____

State and Zip _____

American Academy of Physicians' Associates
Box 2914 CHS
Duke University Medical Center
Durham, North Carolina 27710