LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Executive Council
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

MINUTES

TASK FORCE ON PHYSICIAN'S ASSISTANT PROGRAMS

February 11, 1971
Palmer House Hotel
Parlor A
Chicago, Illinois

Present:
(Task Force Members)
Edmund D. Pellegrino, M.D., Chairman
John B. Dillon, M.D.
E. Harvey Estes, M.D.
H. Robert Cathcart
Thomas D. Kinney, Sr., M.D.

Absent: Earle M. Chapman, M.D.

(Staff)
AMA
C. H. William Ruhe, M.D.
Ralph C. Kuhli
John J. Fauser, Ph.D.
T. F. Zimmerman, Ph.D.
AAMC
Marjorie P. Wilson, M.D.
Joseph A. Keyes
Katherine L. Keyes
Guest
Robert Potter
(Representing Russell Nelson, Chairman-Elect, AAMC)

Dr. Edmund Pellegrino, Chairman, called the meeting to order at 1 p.m. The Task Force determined that an appropriate procedure would be to focus its deliberations on a consideration of a series of challenge questions, developed by staff, aimed at a tentative identification of some issues. These deliberations were preceded by a discussion directed toward the development of a working definition of the entities under consideration, the physician's assistant and the programs training him.

It was pointed out that the Board of Medicine of the National Academy of Sciences and the AAMC Task Force on Physician's Assistant Programs, emanating from the Council of Academic Societies, developed similar documents aimed at defining physician's assistants. Each organization found it appropriate to categorize physician's assistants into three types: A, B, and C, classified according to the nature of the tasks performed and the degree of independent judgment exercised.

A Type A assistant is an individual with a broad medical background capable of exercising a degree of independent judgment under a wide

Programs in operation (cont.)

Type of Program	Name of program	Director and institution	Prerequisite	Length and cost	Certificate or degree
A	Physician's Assistant (cont.)	D. Robert Howard, M.D. Duke University Medical Center Durham, N.C. 27706	High school plus 3 years' experience in health care	24 months Tuition-free	Certificate
A		Leland E. Powers, M.D. Bowman Gray School of Medicine Wake Forest University Winston-Salem, N.C. 27103	2 years of college or experience as medical corpsman	24 months $40 quarter	Certificate, or bachelor's if eligible
A? (C)		H. C. Myers, M.D. Alderson-Broaddus College Philippi, W.Va. 26416	High school	4 academic years $1,300 year	Bachelor of Science
C		Francis Lohrenz, M.D. Marshfield Clinic Marshfield, Wis. 54449	High school or R.N. with 4 years' experience	No set length Tuition-free	None
B	Surgeon's Assistant	Margaret K. Kirklin, M.D. University of Alabama Medical Center 1919 Seventh Avenue South Birmingham, Ala. 35233	2 years of college or experience as medical corpsman	2 years Residents: $350 Nonresidents: $560	Certificate

Programs in the planning stage

A — Clinical Associate
Joseph Hamburg, M.D., Dean
School of Allied Health Professions
University of Kentucky Medical Center
Lexington, Ky. 40506

A — Robert W. Ewer, M.D.
University of Texas Medical Branch
Galveston, Tex. 77550

C — Family Health Worker
Gail Kuhn, R.N.
Montefiore Hospital and Medical Center
Bronx, N.Y. 10467

A? — MEDEX
Bella Strauss, M.D.
Dartmouth Medical School
Hanover, N.H. 03755

B — Orthopedic Assistant
Joseph F. Donovan, Executive Director
Santa Clara County Medical Society
San Jose, Calif. 95128

James H. Hensley
U.S. Public Health Service Hospital
Bay and Vanderbilt Streets
Staten Island, N.Y. 10304

Pediatric Assistant
Nathan H. Boortz, M.D.
Foothill College District
Los Altos Hills, Calif 94022

Pediatrician's Assistant
Joseph F.Donovan, Executive Director
Santa Clara County Medical Society
San Jose, Calif. 95128

Pediatric Nurse Associate
J. Rhodes Haverty, M.D.
School of Allied Health Sciences
Georgia State University
Atlanta, Ga. 30303

Abraham B. Bergman, M.D.
Department of Pediatrics
University of Washington
Seattle, Wash. 98115

Physician's Assistant C
Nathan H. Boortz, M.D.
Foothill Junior College
Los Altos Hills, Calif. 94022

William G. Birch Sr., M.D. A?
Western Michigan University
Kalamazoo, Mich. 49001

John Shearer, M.D. A
College of Business Administration
Oklahoma State University
Stillwater, Okla. 74074

Surgical Assistant B
Gerald Austin, M.D.
Massachusetts General Hospital
Boston, Mass. 02114

Surgical Associate A
Paul F. Moson, Executive Director
Yale University School of Medicine
New Haven, Conn. 06510

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 Task Force then proceded to consider the issues underlying the following set of questions:

1. What is the relationship of the LCME to Physician's Assistant programs?

A. What proportion of these programs are conducted under the auspices of a medical school?
B. What proportion should be?
C. Is it necessary that a program be conducted by medical schools for the LCME to become involved?
D. Since the LCME expansion proposal has been ratified by the Council on Medical Education and the AAMC Executive Council does this affect the nature of LCME involvement?

2. How do the Physician's Assistant programs relate to the developing concept of medical education as a continuum? The concept of corporate responsibility for medical education?

3. What role should/do speciality boards play with respect to Physician's Assistant programs?

4. Should Physician's Assistant programs be viewed as purely experimental at this time? Or should they be viewed as a major step in the solution of the health manpower shortage problem and thus be encouraged to expand significantly?

5. What is the relationship of the Physician's Assistant to the physician? to the nurse? to medical education? to nursing education?

6. What is the relationship of the Physician's Assistant to the hospital? to the hospital staff? to the hospital based education programs?

7. What is the relationship among the various types of Physician's Assistant programs, e.g., the Duke Physician's Assistant Program, the Washington Medex program, the Colorado Pediatric Nurse Practitioner Program?

8. Is there a need for accreditation of Physician's Assistant programs? What is the appropriate mechanism? Is this an appropriate question for the Commission for the Study of Accreditation of Selected Health Educational Programs?

9. If accreditation is called for, what will it cost? Who should bear the expense?

10. What is the relationship between accreditation of educational programs and laws governing practice? Certification? Licensure?

1. What is the relationship of the LCME to the Physician's Assistant Program?

A. What proportion of these programs are conducted under the auspices of a medical school?

B. What proportion should be?

It was agreed that the nature of the Type A Assistant's role, his close working relationship with the physician, the distinctions between functions performed by the physician's assistant and the physician (which would for the most part be distinctions of degree rather than of kind), all combined to force the conclusion that there should be a very close relationship between the education of the physician and that of a physician's assistant. The consequences of this conclusion are that the physician's assistant would most likely be trained in an academic medical center, or health science center, in a program under the direction of a faculty of physicians. This would not perforce preclude the development of programs at settings other than medical schools but would seem to require a similar concentration of teaching physicians and clinical facilities. Thus it is conceivable that a college or university, strong in health science programs but without a medical school, could develop sufficiently close ties with a hospital to mount such a program.

C. Is it necessary that a program be conducted by medical schools for the LCME to become involved?

D. Since the LCME expansion proposal has been ratified by the Council on Medical Education and the AAMC Executive Council, does this affect the nature of the LCME involvement?

Because of the close relationship envisioned between medical education and the education of these assistants, it was considered entirely appropriate that the LCME develop appropriate mechanisms for physician's assistant program review and accreditation. This conclusion is strengthened by the recognition of the projected expansion of the role, membership and function of the LCME: Eventual assumption of the cognizance of the accreditation of most medical and related educational programs not only at the undergraduate level, but at the graduate and continuing education levels as well. In view of this, it should not be considered a prerequisite of LCME involvement that a physician's assistant program be based in a medical school, even during the transition period. Experience gained in this field may well be the ingredient which will make the larger transition feasible.

2. How do the Physician's Assistant Programs relate to the developing concept of medical education as a continuum? The concept of corporate responsibility for medical education?

The Task Force disjoined these questions in their deliberations. In response to the first, the immediate reaction was that these programs may enhance the development of the concept of medical educa-

tion as a continuum. There was the understanding, however, that most assistants would find themselves unable to go on to medical school for such reasons as maturity, financial burdens and responsibility to a family, and the intensity of competition involved in gaining entrance. On the other hand, this profession would involve greater numbers of people in medical education and practice and should be considered as opening a pathway for further professional development to those who are qualified. This is one reason for granting recorded academic credit for physician's assistant education and is a factor which further implies the necessity for conducting these programs in an academic center. In today's educational environment, it would be possible to forgive the physician's assistant of some of the medical courses requisite to the award of an M.D. degree, but this does not entirely solve the problems which must be overcome, such as the prerequisites to acceptance as a medical student, i.e., an undergraduate degree and appropriate math and science background. With the development of a multi-track curriculum, eventually it may not be necessary for him to go back and take organic chemistry or calculus. However, in today's academic climate, this eventuality must be considered only a long-term prospect, perhaps hastened by these programs.

The second question was first approached by seeking a working understanding of the concept of corporate responsibility for education. It was agreed that the concept called for the academic institution as a whole to accept responsibility for the content and the quality of curriculum of each educational program in contrast to the present frequent reliance on a particular department, discipline or outside agency to provide this kind of review.

As this concept becomes accepted and implemented, the academic institutions would be better able to accommodate a multi-track system and integrate the education and experience of a physician's assistant with the additional education required to become a physician. This conclusion is apparently in the process of being proved at Duke as a consequence of their efforts in the training of physician's assistants. Thus the concepts of corporate responsibility and medical education as a continuum may well be furthered by the academic involvement in physician's assistant programs.

3. What role should/do speciality boards play with respect to physician's assistant programs?

It was pointed out that programs developing assistants to a profession should look to that profession, in this case as represented by the speciality societies, for their guidance as to the qualities and capabilities desired in such assistants. This would serve to assure that the assistant would be accepted by the profession and therefore, be hired, and would also assure that he would be utilized properly and to his fullest capacity. Furthermore, such participation

of the profession would indicate the recognition for the need for the personnel being trained. In conjunction with the work of the AMA Council on Health Manpower, the Academy of Family Practitioners and the College of Internal Medicine have surveyed their membership on the question of the need for physician's assistants and have concluded such a need does exist. These organizations also have input to the Council on Medical Education as to the kind of education appropriate to the category of physician's assistant relating to their specialities. In the context of the existing AMA structure, these organizations serve in an advisory capacity to the CME, which now has jurisdiction over the approval of specific programs. As accrediting jurisdiction is granted to and is assumed by the LCME, it should work from the base established by the activities of these bodies.

4. Should physician's assistant programs be viewed as purely experimental at this time? Or should they be viewed as a major step in the solution of the health manpower shortage problem and thus be encouraged to expand significantly?

It was generally felt that these programs should not be viewed as experimental; they have been developed not only in response to a perceived shortage of health care personnel but also as a means to the accomplishment of better utilization of health manpower. It was agreed that control should be exerted over the growth of these programs by mechanisms which would assure the maintenance of high standards of quality. To insure appropriate utilization of these persons by M.D.'s appropriate combined experiences should begin at the formative stages in the M.D.'s medical school training. At this time he will learn the necessity for and acquire the ability to utilize fully physician's assistants and other health care personnel in providing high caliber health care. From this perspective there seems to be good grounds to encourage the controlled expansion of these programs in medical schools. In short it was concluded that these programs should not be viewed as experimental, but rather, should be encouraged to expand with quality control.

5. What is the relationship of the physician's assistant to the physician? To the nurse? To medical education? To nursing education?

It was felt that the relationship of the physician's assistant to the physician was sufficiently described, for purposes of the Task Force, in the definition agreed upon above. His relationship to the nurse is determined primarily by his relationship to the physician, although some problems remain, the resolution of which must await further developments. There must be a close and continuing relationship between medical education and that of a physician's assistant; the relationship to nursing education is not entirely definable at the moment. A further exploration of some of the issues involved in this better relationship should be undertaken in conjunction with the nursing association, perhaps through the medium of the AMA

Committee on Nursing which has already engaged in such discussions on this and other issues.

6. What is the relationship of the physician's assistant to the hospital? To the hospital staff? To hospital based education programs?

This question was not thoroughly discussed, primarily because of the time constraints of the meeting. Cognizance was taken, however, of the American Hospital Association statement on this matter to the effect that when a physician's assistant is employed by a hospital and not therefore responsible only to a single physician, he is not performing as a physician's assistant (even though he is functioning in a similar capacity) and therefore should not have the title of physician's assistant under such circumstances. The interface between this statement and the previous deliberations was left relatively undefined.

7. What is the relationship among the various types of physician's assistant programs, e.g., the Duke Physician's Assistant Program, the Washington Medex program, the Colorado Pediatric Nurse Practitioner Program?

This question was not exhaustively considered. However, by implication from the other deliberations, the view of the Task Force with regard to this relationship is relatively clear. The Duke type program is the one primarily under consideration. The Medex Program needs to be further considered to determine the extent to which it adequately prepares a person to perform in a capacity described in the definition accepted. The Pediatric Nurse Practitioner performs in a expanded nursing role which involves problems for the Task Force previously alluded to. Further light is thrown on this set of questions by the tentative classification of programs attached.

8. Is there a need for accreditation of physician's assistant programs? What is the appropriate mechanism? Is this an appropriate question for the Commission for the Study of Accreditation of Selected Health Educational Programs?

There was a consensus that there is a need for accreditation of physician's assistant programs. Type A Assistants are so related to the medical profession that review of the training programs should be in the mainstream of accreditation for the medical profession. The deliberations regarding an appropriate mechanism were left to a subsequent meeting. It was determined, however, that SASHEP should not become involved in developing the accreditation of these programs even though it may appear to the SASHEP group that they have

a role here. It was suggested that this conclusion should somehow be communicated to the SASHEP staff.

9. If accreditation is called for, what will it cost? Who should bear the expense?

This question ties into the details and mechanisms of accreditation which will be discussed at the next meeting of the Task Force.

10. What is the relationship between accreditation of educational programs and laws governing practice? certification? licensure?

The strong feeling of the Task Force was that governmental regulation in this field of health manpower should not be complicated by the addition of a licensure requirement for this new profession. Certain modifications in the medical practice acts may be called for and in some jurisdictions are under consideration. These may be necessary to permit appropriate utilization of the type of physician's assistant under consideration here, although it was pointed out that physicians have used for many years a variety of assistants who do not have any formal training or approval.

It was concluded that while the states may be felt called upon to set some standards, this activity should await and would be greatly assisted by the type of national voluntary standards and definitions under development here.

This meeting was viewed as very productive by all present. It was concluded that the next meeting should focus on specific problems of accreditation, and the development of appropriate mechanisms.

The next meeting will be held on April 28, 1971 at the Regency Hyatt House in Chicago.

The meeting was adjourned at 5 p.m.

Attachment

The physician's assistant programs

There's little uniformity yet, but programs are springing up everywhere. Here's the most complete and up-to-date list RN could compile.

Everyone agrees the doctor needs help. Programs to train assistants for him are springing up like mushrooms after a rain. Few programs are alike, and no list of such programs remains valid for very long.

However, to assist nurses and other interested health workers, *RN* Magazine has compiled its own list of current and planned programs. This is probably (at the moment) the most complete and accurate list in existence.

Several programs operated by hospitals are open to employes only, and the graduates serve at those hospitals. There is usually no charge for such programs. Most other programs listed here as "tuition-free" are actually funded by a government grant that pays the tuition. Readers are advised to contact the individual programs for the latest developments and complete details.

Programs in operation

Type of Program	Name of program	Director and institution	Prerequisite	Length and cost	Certificate or degree
N	Ambulatory Care Nurse	Bertrand M. Bell, M.D. Bronx Municipal Hospital Center Pelham Parkway and Eastchester Road New York, N.Y. 10461	R.N. with 4 years' experience	6 months Tuition-free	Certificate
N	Ambulatory Pediatric Nurse	Evelyn B. Wilson, M.D. St. Christopher's Hospital for Children Philadelphia, Pa. 19133	R.N.	4 months Tuition-free, for employes only	None
B	Anesthesia Assistant	John E. Steinhaus, M.D. Department of Anesthesiology Emory University School of Medicine 69 Butler Street Atlanta, Ga. 30303	B.S. in physical or biological sciences	21 months $750 quarter	Master's
B+ A Type A confined to age groups	Child Health Associate	Henry K. Silver, M.D. University of Colorado Medical Center 4200 East Ninth Street Denver, Colo. 80220	2 years of college	3 years Residents: $450 Nonresidents: $1,400	Bachelor's and certificate
C	Clinical Corpsman	James E. Zucker, Donald G. Vidt, M.D. Cleveland Clinic Hospital 2050 East 93d Street Cleveland, Ohio 44106	High school plus 2 years' military or civilian medical experience	1 year Tuition-free	Certificate

Programs in operation (cont.)

Type of Program	Name of program	Director and institution	Prerequisite	Length and cost	Certificate or degree
N	Family Health Practitioner	Jean G. French, D.PH. School of Public Health University of California Berkeley, Calif. 94720	Public health nurse with bachelor's and 2 years' experience in community health	18 months Tuition-free	Master's
A	MEDEX	Richard A. Smith, M.D. University of Washington School of Medicine 444 Ravenna Boulevard, N.E. Seattle, Wash. 98115	Independent duty experience as qualified former military corpsman	15 months Tuition-free	Certificate
C	Medical Services Associate	Arnold Lewis, M.D. Brooklyn-Cumberland Medical Center 121 DeKalb Avenue Brooklyn, N.Y. 11201	High school	2 years Tuition-free	Academic credit Long Island University
B	Medical Specialty: Assistant in Coronary Care	E. Alan Paulk, M.D. Grady Memorial Hospital 80 Butler Street, S.E. Atlanta, Ga. 30303	High school plus 2 years' military medical experience or equivalent	2 years Tuition-free	Certificate
N	Nurse Associate	Albert L. Pisani, M.D. Presbyterian-St. Luke's Hospital 1753 West Congress Parkway Chicago, Ill. 60612	B.S. in nursing	3 to 4 months Tuition-free, for employes only	None
N	Nursing Pediatrist	Joseph W. St. Geme Jr., M.D. U.C.L.A. School of Medicine 1000 West Carson Street Torrance, Calif. 90509	R.N., B.A., or M.P.H.	12 months Tuition-free	Certificate
B	Ophthalmic Assistant	Louis J. Girard, M.D. Department of Ophthalmology Baylor University College of Medicine Houston, Tex. 77025	High school, but 2 years of college preferred; R.N.s invited	8 weeks $370	Certificate
N	Ophthalmic Nurse	Louis J. Girard, M.D. Address above	R.N.	6 weeks $370	Certificate
B	Ophthalmic Technician	Peter Y. Evans, M.D. Georgetown University Hospital 3800 Reservoir Road, N.W. Washington, D.C. 20007	2 years of college, or R.N. or L.P.N., or medical experience	2 years Tuition-free	Certificate
B	Orthopedic Assistant	Dean Jules Fraden City College of San Francisco 50 Phelan Avenue San Francisco, Calif. 94112	High school	2 years Tuition-free	Associate in Arts

Type of program	Name of program	Director and institution	Prerequisite	Length and cost	Certificate or degree
B	Orthopedic Assistant (cont.)	Noel A. Bishop, R.N. Kirkwood Community College P.O. Box 20608 Cedar Rapids, Iowa 52406	High school	18 months Residents: $125 quarter Nonresidents: $187.50 quarter	Associate in Applied Science
B	Pathology Assistant	B. M. Hathaway, M.D. Veterans Administration Hospital 700 19th Street South Birmingham, Ala. 35233	Junior college	1 year Tuition-free	Certificate
N	Pediatric Nurse Associate	George W. Hallett Jr., M.D. Maine Medical Center Portland, Me. 04103	R.N.; must work for defined position at completion of program	16 weeks Tuition-free	Certificate
		Donald J. Frank, M.D. Good Samaritan Hospital Cincinnati, Ohio 45220	R.N. employed in pediatric ambulatory setting	16 weeks, part-time Tuition-free	Certificate
N	Pediatric Nurse Practitioner	Mrs. Elda Popiel, R.N., M.S. University of Colorado Box 2418 Denver, Colo. 80220	B.S. in nursing from N.L.N.-approved school	16 weeks Tuition-free	Certificate
		Priscilla Andrews, R.N. Bunker Hill Health Center 73 High Street Charlestown, Mass. 02129	R.N. employed in pediatric ambulatory setting	16 weeks $800 part-time $2,000 full-time	Certificate
		Lawrence Kahn, M.D. Washington University School of Medicine 4500 Scott Avenue St. Louis, Mo. 63110	R.N.; B.S. preferred	1 year Tuition-free	Certificate
		Robert A. Hoekelman, M.D. University of Rochester 260 Crittenden Boulevard Rochester, N.Y. 14620	R.N.	4 months $750	Certificate
		Howard H. Johnson, M.C., U.S.A.F. U.S.A.F. Medical Center San Antonio, Tex. 78236	Pediatric R.N. on active duty with U.S.A.F.	6 months Tuition-free	Certificate
C	Physician's Assistant	William Akers Medical Administrative Officer Box 4000 U.S. Medical Center Springfield, Mo.	High school plus experience as military corpsman or equivalent	1 year Tuition-free	Certificate