



AMERICAN MEDICAL ASSOCIATION

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Vice Chairman

Kernodle Clinic, Inc.  
316 Graham-Hopedale Road  
Burlington, North Carolina 27215

May 15, 1972

Dr. William G. Anlyan  
Vice President  
Health Affairs  
Duke University  
Durham, North Carolina

Dear Bill:

I enjoyed seeing you last Sunday at the Joint Meeting of Multiple Groups called by AAMC to better discuss our legislative problems of the future.

There is a need for such meetings, but I am afraid that the confrontation between American Hospital Association and the American Medical Association policy standards are such that the outcome will be greatly muddled. I am looking forward to additional discussions in this light.

At this meeting, I discussed with you the Physician's Assistants, as so described by the Council on Health Manpower of the American Medical Association and the Commission on Health Manpower appointed by the President. Certainly the great majority of the folks in this country are desirous of one name or classification for these individuals. Therefore, I again appeal to you and your associates at Duke to reconsider the nomina "Physician's Associates" as this is in direct conflict with both the Council and the Commission. My feeling is that the name "Physician's Associates" should be applied to one's own associate of equal rank and training representing high quality of medical background, training, and care; whereas, an Assistant indicates a lower echelon for an individual who has had less training. In the near future, I am sure that some National Board-type of examination will be available for Physician's Assistants. This examination would clarify the type of training and quality with education for the individual. In all probability,

Dr. William G. Anlyan

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May 15, 1972

only those with comparable training to the Duke curriculum would be eligible to pass the National Examinations and be Board Certified in Physician's Assistants work. Repeatedly, I have had comments from my colleagues on the Board of Trustees of the AMA, Council on Manpower, and the Commission ribbing me as to why Duke would not go along with this designation. Certainly, it would be more in line to keep the categorizations in the same perspective. Hopefully this can be modified at Duke.

With best wishes.

Sincerely,



John R. Kernodle, M.D.

JRK:jhs

cc: Dr. Edward Harvey Estes, Jr.  
Duke University Medical Center  
Durham, North Carolina 27706

Duke University Medical Center

DURHAM, NORTH CAROLINA 27710

VICE PRESIDENT FOR HEALTH AFFAIRS

May 18, 1972

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Dr. John R. Kernodle  
Kernodle Clinic, Inc.  
316 Graham-Hopedale Road  
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Dear John:

I have just received your letter of May 15 regarding the nomenclature of our Physician Associates. I tried to call you to explain some of the problems about considering this at this juncture; however, I understand you are in Los Angeles and subsequently will be in Washington. When you get back, please give me a ring and we can chat about it.

With every good wish and best regards,

Sincerely yours,

W. G. Anlyan, M.D.

WGA:jp

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*WPA*

Duke University Medical Center

DURHAM, NORTH CAROLINA  
27710

May 22, 1972

DEPARTMENT OF  
COMMUNITY HEALTH SCIENCES

TELEPHONE 315-684-8111

Dr. John R. Kernodle  
Kernodle Clinic, Inc.  
316 Graham-Hopedale Road  
Burlington, N. C. 27215

Dear John:

Thank you for the copy of your letter to Bill Anlyan concerning the Physician's Assistant-Physician's Associate problem.

In my opinion, the only way that this problem can be solved is for some nationally recognized group to call together a committee to study the nomenclature problem and bring back recommendations for endorsement and adoption by the parent organization. The obvious organization is the American Medical Association.

As an example of the scope of the problem, I would like to cite the example of the "American Association of Physician's Assistants, Incorporated." This is a New York corporation, with offices at 2 Park Avenue, and with an Executive Director, Mr. Paul Palace. It is my understanding that this organization was formed in the Tampa, Florida area by two physicians who had never been associated with any form of training program producing such personnel. It is also my understanding that any person doing a large variety of tasks in a doctor's office may join the organization for a substantial fee (+ \$100) plus yearly dues. The only requirement is an application and payment of the fee. For this amount the applicant receives a large wall plaque designating him as a member and as a "Physician's Assistant." In the state of New York, any title which sounds like the name of this organization, and which includes the name Physician's Assistant, cannot be used. The title has preempted by this organization.

This is only one example. The name, "Physician's Assistant", is entirely generic, and totally undefined. It is possible that the AMA accreditation procedure which is now being activated may change the picture so that the term again has relevance. However, at this moment, it would be difficult, if not illegal in some circumstances, to use the term.

I would personally urge that the AMA Board of Trustees direct the appropriate Council to form an ad hoc "Physician's Assistant Nomenclature Committee" with a specific charge to develop a system of nomenclature for the entire assortment of assistants to the physician. This would be tremendous service, not only to the medical profession, but to this emerging new health profession. It would be extremely wise to narrow the consideration

Dr. John R. Kernodle  
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of this committee to "true" Physician's Assistants, meaning those not belonging to currently licensed professions such as nursing, physical therapy, etc. Inclusion of these groups will make the job almost impossible, and is not necessary. The committees should include representatives from the major programs training such groups as Medex, Child Health Associates, Physician's Assistants, and Physician's Associates.

I can appreciate your concern over this matter, and I am well aware of the intensity of feeling on the issue. The above suggestion has been made to a number of individuals, but thus far the appropriate organization has not taken the bait. It will require a national organization of considerable stature, and its recommendations must be given high visibility. I am certain that the AMA could fill the bill. I can assure you that the Duke program will be responsive to this kind of direction.

With best personal regards,

Very truly yours,



F. Harvey Estes, Jr., M.D.  
Professor and Chairman

EHE/sr

cc: Dr. William G. Anlyan