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THE ROLE OF THE AMA IN THE UTILIZATION OF MILITARY TRAINED ALLIED HEALTH PERSONNEL

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The current position of the AMA concerning civilian employment of military trained allied health personnel is best expressed in a resolution adopted by the (AMA) House of Delegates at the annual session in New York in July of this year:

Resolved, that appropriate steps be taken by the American Medical Association to encourage recruitment into the health professions of health-oriented personnel released from the armed services, that the cooperation of allied health professions and vocations be sought in this effort, and that such action be referred to the Board of Trustees and its Council on Health Manpower for implementation.

The recently organized Council on Health Manpower actually had its birth with the development of a special committee to study the relations of the allied health professions to medicine. Known as the Mckeown Committee, this group studied the allied health field over a period of three years and published a report in June, 1960. Following the publication of this report, a special commission of the AMA House of Delegates was formed under the title of "Commission to Coordinate the Relationships of Medicine with Allied Health Professions and Services". In 1967, this Commission was formally dissolved by the House of Delegates with the recommendation that a Council on Allied Health Professions and Services, of the AMA Board of Trustees, be formed. Subsequently, the Board decided to combine this Council with its Subcommittee on Health Manpower which has major charges in the allied health field.

The broad charge of the Council is to conduct a continuing review of the relationships between medicine and health related professions and services in order to assure the most effective utilization of these services in the rendering of health care. And, more specifically to:

- A. Define national manpower goals, to recommend measures to meet these goals and to estimate the resources needed to realize them.

- B. Furnish leadership in the solution of the problem of the drastic shortage of health manpower that is confronting the nation,
- C. Encourage studies to determine methods of improving all services for patients, and to consider and evaluate innovations in the organization of health services that might contribute to better utilization of existing personnel,
- D. Clarify roles of various members of the health team,
- E. Identify and define existing and emerging groups now engaged in activities related to health care,
- F. Assess manpower needs in the health-related fields,
- G. Cooperate in the recruitment of health-related personnel,
- H. Review the professional and legal qualifications of health-related personnel,
- I. Resolve jurisdictional problems, and
- J. Maintain liaison with the Council on Medical Education in its responsibilities for the development, evaluation, and accreditation of educational programs in the health-related professions.

It is obvious from a review of these charges that there will be some overlap of function between the new Council on Health Manpower and the long-standing Council on Medical Education.

There can be little doubt that the armed forces could, and should be, a prime source of workers to fill personnel shortages in allied medical professions. But how can the prospective employees and employers meet? There has appeared to be some reluctance -- or perhaps lack of knowledge -- on the part of both in making contact. Employment agencies or advertisements in professional journals have been the most commonly used means of communication. However, the military man has been hesitant to apply for retirement or discharge without a firm offer of employment, while on the other hand, employers have not been willing to wait four to six months for an individual to be relieved of his military responsibilities. This remains a problem that can be solved only by solid long-term projections and perhaps by better organized job matching programs, as suggested by Mr. McKernan.

There are a number of other ways to attract military personnel to employment in the civilian health field. Several publications with active classified advertising sections are devoted to personnel

in the military services. These include the Army, Navy, and Air Force Times, "The Retired Officer", and the "Armed Forces Journal".

Hospitals and health care facilities that employ former members of the military services are usually quite unanimous in praising the qualifications of these individuals. Usually, they are particularly impressed with the ease of transition from the military to a civilian environment.

Perhaps the best example of a program developed at the component medical society level is the "Military Health Manpower" project of the Santa Clara County Medical Society, San Jose, California. In 1968, a federal grant was made available for the purpose of demonstrating that a county medical society can effectively develop a program of education, and job placement, of paramedical personnel drawn from the ranks of military service discharges, by working in coordination and cooperation with offices of the numerous local, state, and national agencies related to health occupations.

The Santa Clara County Medical Society administered this demonstration project over a period of twelve months, funded by a grant of less than \$40,000 for staffing, consultants, travel, project facilities, and other costs. During the period of the project, the Santa Clara County Medical Society implemented its program as follows:

1. Worked in cooperation with the California State Employment Service in San Jose to identify fifty military service discharges from the U.S. Army Base at Oakland, California, who lived, or proposed to live, in the south San Francisco Bay area, and who had developed appropriate health care skills.
2. Provided these discharges with counseling services by referral and direct contact with representatives of local health and education agencies.
3. Evaluated skill and achievement levels of the discharges and identified educational needs to bring the individual up to a level of employability in a health field, if necessary.
4. Worked with the local health and educational institutions, including the Veterans Administration, to arrange for training and/or job placement.
5. Worked with appropriate state and local agencies to modify licensing procedures to make provisions for the utilization of these military trained men.

The Santa Clara County Medical Society attempted, through this demonstration project, to devise a model program which might be used by other medical societies to utilize effectively military discharges in health manpower occupations, including recruitment, training, and placement of such individuals.

At a Los Angeles meeting on May 21, 1969 the AMA Committee on Emerging Health Manpower and Physician's Assistants voted to commend the Santa Clara County Medical Society for their military health manpower project, indicating that "This very successful program, involving placement and utilization of military trained medical specialists and corpsmen, is a proper function for a county medical society", and recommended that the Council on Health Manpower urge other county medical societies to develop similar programs aimed at utilizing this supply of medically trained individuals.

The Council on Health Manpower, meeting in Chicago in June, 1969, voted to approve the Committee's recommendation, and strongly supported the concept that other county medical societies should be encouraged to develop programs similar to that sponsored by the Santa Clara County Medical Society for utilizing the services of discharged military corpsmen.

Unfortunately, it is my understanding that the Santa Clara County project has not been quite as successful as originally anticipated, since some insurmountable obstacles have been encountered in identifying and contacting military corpsmen at the time when they are being separated from military service. Other difficulties are related to the fact that salary levels in health-related occupations are not always attractive enough to retain the interest of the military corpsmen; and many of these men simply do not care to remain in health-related professions as they return to civilian life.

Other programs of this type include the MEDEX program of the University of Washington in Seattle. Fifteen former military corpsmen have begun training in a demonstration project designed to relieve physicians of some of the uncomplicated but time-consuming aspects of medical practice. The project will give military corpsmen three months of classroom training at the University, followed by twelve months of preceptorship under the direction of a physician in private practice in a rural area of Washington state. The new concept has received the endorsement of the Washington State Medical Association, the Washington State Medical and Education Research Foundation, and many individual physicians, as well as military authorities. I believe there were 80 applicants for the first fifteen trainee positions in this program.

Other programs which are designed to build upon a foundation of skills and qualifications developed during military service include the two-year physician's assistant program conducted at

Duke University Medical Center in Durham, North Carolina, a four-year physician's assistant program conducted at Alderson-Broadus College at Philippi, West Virginia; the medical care technician program as conceived in a project at Stillwater, Oklahoma, and a two-year physician's assistant program developed by Long Island University in Brooklyn, New York.

Among the more highly specialized teaching programs which offer special opportunity to the individual with experience as a military corpsman is the orthopaedic assistant program offered by the City College of San Francisco in cooperation with the Pacific Medical Center. This two-year associate degree program is designed to prepare the individual to work closely with the orthopaedic surgeon in the environment of the hospital, clinic or private practice.

Other specialty oriented programs are the child health assistant program of Bowman-Gray School of Medicine in Winston-Salem, North Carolina, the medical specialty assistant program of Grady Memorial Hospital in Atlanta, Georgia, in affiliation with Emory University; the five-year child health associate program developed by the University of Colorado Medical Center in Denver; the ophthalmic assistant program of Baylor University College of Medicine at Houston, Texas -- an eight week program; the emergency medical technician as conceived in a twelve-month program at the University of Pittsburgh; and the 21-month master's degree program for the anesthesia assistant, developing at Emory University School of Medicine, Case Western Reserve University and the Medical College of Georgia.

Of an estimated thirty thousand military medical corpsmen discharged last year, less than two per cent were known to enter civilian health employment. Among the multiple problems involved in increasing this percentage are low salary levels in some appropriate civilian health occupations, the lack of educational equivalency offered for military health experience, insufficient identification of areas of skill transfer, and lack of organized information on the extent of appropriate employment opportunities; as well as the difficulty in identifying and counseling such personnel sufficiently in advance of their discharge date; and, among a significant percentage, the lack of motivation to continue in the health field.

The AMA Council on Health Manpower will continue to explore ways to retain more effectively in the health field, the many highly trained military medical corpsmen and technicians, being discharged to enter civilian life.