

COMPARATIVE ANALYSIS OF SELECTED  
PHYSICIAN SUPPORT PERSONNEL

Presented February 28, 1970  
to the

Committee on Emerging Health Manpower

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Purpose of the Workbook

The purpose of this workbook will be to establish a frame of reference for evaluation of emerging health occupations (loosely categorized as "physician's assistants") within the format of the Guidelines for Development of New Health Occupations.

Background

Documents on hand for each of the seventeen "programs" listed on page five were selected for their pertinence to the Guidelines. These, and other programs not documented here for reasons of insufficient data, have been in correspondence with the AMA for a year or more. As all of these programs were essentially seeking AMA endorsement of some kind, an earlier draft of the Guidelines was sent to each in October of 1969 requesting that they submit further documentation of their program.

A graphic demonstration of the response received to date can be seen in the Summary Work-Sheet on page five. Check marks indicate that some kind of documentation has been provided by the program for that topic in the Guidelines. Of these seventeen programs, only seven have submitted full reports endeavoring to answer the Guidelines in their entirety. In many instances, little more than a paragraph or two and/or a curriculum outline was available.

As the Committee will not be considering educational criteria, material of this nature, although called for in the Guidelines, has been omitted from this reference work.

How To Use This Book

1. Each of the seventeen programs have been given a code according to the title of the occupation provided by the program.  
*Example:* Physician's Assistant program at Bowman Gray School of Medicine = PA-BG
2. The book is divided into tabs 'A' through 'O' corresponding to points in the Guidelines as illustrated on pages one through four.  
*Example:* "Projected numbers to be employed" is designated as 'G'.
3. Thus, documentation provided by the Physician's Assistant program at Bowman Gray School of Medicine (PA-BG), concerning projected numbers to be employed (G), will appear under tab G coded as PA-BG/G.

COMPARATIVE ANALYSIS OF  
SELECTED PHYSICIAN SUPPORT PERSONNEL

Tabs:

- A. JOB DESCRIPTION
- B. LIMITATIONS OF FUNCTION
- C. MEDICAL SUPERVISION
- D. EMPLOYMENT SETTINGS
- E. EXISTING OCCUPATION NOW PERFORMING SERVICE
- F. NECESSITY FOR EMERGING OCCUPATION
- G. PROJECTED NUMBERS TO BE EMPLOYED
- H. IMPACT ON EXISTING OCCUPATIONS
- I. PROGRAM SPONSOR
- J. ACCEPTANCE OF NEW OCCUPATION
- K. SALARY RANGE
- L. EMPLOYMENT OPPORTUNITIES
- M. GEOGRAPHIC DISTRIBUTION
- N. PROFESSIONAL CERTIFICATION-LIABILITY
- O. PROVISION FOR MOBILITY

Guidelines follow for further explanation of tabs.

## GUIDELINES FOR THE DEVELOPMENT OF A NEW HEALTH OCCUPATION

TabI. Scope of Duties:

- A A job description should be available providing a delineation of potential duties and responsibilities. Such a description should not be overly detailed to the point of rigidity.
- B B. Limitations of function appropriate for assuring quality care and protection for the public should be defined.
- C C. Procedures for assuring necessary medical supervision should
- D be developed for the variety of potential employment settings.

II. Need:

- E A. A careful analysis of the area of service under consideration should be provided. The analysis should address such questions as: (1) Who is presently delivering the intended service? (2) What limitations in the provision of service make it
- F necessary to develop an additional type of personnel? (3) What
- G would be a reasonable projection for the number of new personnel that could be employed in ten years? The method for arriving at the projection should be discussed. (4) Why would it not be possible to assign the functions to be performed by the new personnel to existing manpower categories, thereby avoiding the necessity for creating a new category? Careful attention should be given in the analysis of the need for the proposed manpower category to documenting and justifying why the alternative of creating a new occupation is indicated, and to the potential impact of the new category on existing occupational categories. Where it is methodologically reasonable, such techniques as a "task analysis" of the service area should be utilized.
- H B. The practicing medical profession should be consulted early in the planning stages of a new occupation particularly in documenting the anticipated degree of acceptance and utilization. Ideally the constituent or component medical society or appropriate specialty society should be involved as a co-sponsor.
- I
- J C. An indication of public acceptance of the new occupation should be discussed.

III. Education and Training: *Omitted*

Although it is recognized that the responsibilities of the Council on Medical Education include primary interest and concern in matters related to education involving the allied medical professions and services, the Council on Health Manpower will consider the educational planning necessary to insure the continuity of the program and of the relationship of training requirements to related manpower categories.

- A. A teaching program leading to a degree, diploma, certificate or similar credentials is regarded as preferable from the standpoint of both the profession and the student. Horizontal and vertical mobility of the individual should be considered. Opportunities for future educational advancement should be indicated.
- B. Total time involved in training a new type of allied health worker and cost per graduate should be compared to that for training a physician, with the view in mind that educating the individual as a physician might be considered a desirable alternative.
- C. Supervised clinical training should be broad enough, under adequate direction, to assure the supervising physician the "assistant" is qualified to perform without excessive additional training by the employing physician.
- D. The program should include a method of assuring the continued competence of the individual to provide quality health services.
- E. Provision should be made for a highly competent individual to use his "on the job experience" to move up the career ladder of responsible positions. Provision should also be made for recognition of this experience in lieu of educational prerequisites to registration or certification.
- F. The curriculum should be broad enough to allow career flexibility for the student. Potential movement to other health fields should not be precluded by a highly specific curriculum.
- G. Choice of educational setting should be related to information received under II-A.
- H. Continuity of adequate funding should be assured. A successful program, advancing from the experimental pilot phase to an on-going basis, must anticipate termination of outside "project grant" funding, and have identified the appropriate sources of on-going financial support.
- I. A recruitment program should emphasize attracting people into the health occupations who otherwise would have sought employment in a non-health field.

IV. Employment:

- K A. An appropriate compensation range and methods of remuneration should be at a level and of the type which will attract qualified people. It should be at least equivalent to that offered other occupations in the same geographic areas with a similar degree of education, experience and responsibility.
- L B. The substantiated employment opportunities are necessary. Figures should be available showing the number of persons completing this training who can be employed in the compensation range indicated. Ideally a listing of specific potential employers willing to employ an assistant should be available.
- M C. The geographic area of potential employment should relate to the area of greatest need, be it in rural, low income urban or other areas.

V. Professional Certification:

N Procedures for establishing competence to practice should provide individuals in the new occupation with appropriate recognition to assure geographic, educational, and career mobility. A program of certification with leadership provided by the relevant professions is preferred to licensure which tends to be restrictive. A democratic role in the certifying process should be structured for personnel in the health occupation being established.

VI. Career, Education, and Geographic Mobility:

- O A. Mobility within a discipline and between disciplines should be provided for. Two avenues for advancement in responsibility should be open:
1. Advancement through practical experience and attainment of a high level of competence, and
  2. Academic achievement building on a foundation of previous educational attainment.
- B. Provisions should be made, through a medium such as certification of competence, for interstate movement of individuals functioning in this new allied health field.

## SUMMARY WORK-SHEET

## GUIDELINES

PROGRAM	CODE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
ANESTHESIA ASSISTANT Emory University, et. al.	AA	✓				✓	✓		✓	✓		✓	K		K	✓
CHILD HEALTH ASSOCIATE University of Colorado	CHA	✓	✓	✓	✓	✓	✓	✓	F	✓	✓	✓	✓		✓	✓
CLINICAL ASSOCIATE University of Kentucky	CA	✓	✓	✓	✓		✓				✓		✓		✓	✓
CLINICAL CORPSMEN Cleveland Clinic Hospital	CC	✓			✓					✓			✓			✓
MEDEX University of Washington	MX	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MEDICAL SERVICES ASSOCIATE Brooklyn-Cumberland Hospital & Long Island University	MSA-BC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MEDICAL SPECIALTY ASSISTANT Grady Memorial Hospital	MSA-GM	✓					✓			✓	✓				✓	
OPHTHALMIC ASSISTANT Baylor College of Medicine Georgetown University	OA	✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	✓	✓
PEDIATRIC AIDE American Academy of Pediatrics	PAa	✓		✓			✓									✓
PEDIATRIC ASSISTANT Bowman Gray School of Medicine Wake-Forest University	PAs	✓		✓		✓	✓				✓		✓		✓	
PEDIATRIC OFFICE ASSISTANT American Academy of Pediatrics	POA	✓		✓	✓		✓									✓
PEDIATRIC NURSE ASSOCIATE American Academy of Pediatrics	PNA	✓		✓	✓											
PEDIATRIC NURSE PRACTITIONER University of Colorado	PNP	✓	✓	✓	✓	✓	✓	✓	J		✓	✓				✓
PHYSICIAN'S ASSISTANT Alderson-Broadus College	PA-AB	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
PHYSICIAN'S ASSISTANT Bowman Gray School of Medicine Wake-Forest University	PA-BG	✓	✓	✓		H	✓	✓	✓		✓	✓	✓	✓	✓	✓
PHYSICIAN'S ASSISTANT Duke University	PA-D	✓	✓	✓	✓	✓	✓	✓	✓	F	✓	✓	✓	✓	✓	✓
SURGEON'S ASSISTANT University of Alabama	SA	✓								✓						

# THE PHYSICIAN'S ASSISTANT— NEW PROGRAMS FOR TRAINING NEW HEALTH TEAM MEMBERS

Efforts at training "assistants"  
to solve health manpower shortages  
go in two directions—  
"Specialist" and "Generalist"

There is a concerted effort on the part of virtually every group in medicine in the development and training of new categories of health personnel. The thrust of this effort is towards solving health manpower shortages.

Thirteen programs are now operating. Nine "specialist" and four "generalist".

## *Specialist*

1. Orthopedic Asst., Pacific M.C.: 2 years, San Francisco City College and eight hospitals
2. Child Health Associate, U. of Colorado M.C.: Req. 2 yr. college then 3 yrs. in training (2 yr. academic plus 1 internship)
3. Pediatric Nurse Practitioner, U. of Colorado M.C.: Similar to the above but geared to nurses
4. Child Health Asst., Bowman Gray School of M.: 2 yr. program, req: 2 years of college or "adequate" training for ex-medical corpsmen for entrance
5. Medical Specialty Asst., Grady Memorial H.: A 2 yr. program, req: H.S. grad. plus 2 yrs. of armed forces med. experience (Coronary ICU emphasis)
6. Ophthalmic Asst., Baylor U. College of M.: 8-week course, req: 2 yrs. of college for admission
7. Anesthesia Asst., Emory U. School of M.: 21 months towards a master's
8. Emergency Medical Technician, U. of Pittsburgh: 1 yr. of training
9. Surgeon's Asst., U. of Alabama: 2-yr. program

## *Generalist*

1. Medex, U. of Washington: 15 months for ex-military corpsmen (includes 12-month preceptorship). To perform tasks not requiring physician's skills
2. Physicians Asst., Duke U.: 2-yr. program, offers training in one of 13 specialty areas. An additional 2 yrs. can lead to B.S. in Medicine
3. Clinical Corpsmen, Cleveland Clinic H.: 1 yr., Req: 2 yrs. prior medical experience. Various tasks such as inhalation therapy, ECG etc.
4. Physicians Asst., Broaddus H.: 4-yr. program leading to Baccalaureate. Histories, I.V., Basal metabolism, ECG etc.

There is still considerable debate as to which direction is best. But these programs are in action. Four additional programs are near initiation.