

THE RELATIONSHIP OF PHYSICIAN ASSISTANT TRAINING  
TO  
ACADEMIC HEALTH CENTERS

The Association of Physician Assistant Programs (APAP) is a charitable and scientific organization composed of representatives from member programs actively engaged in the education of physician assistants (PA - generic term) meeting the standards of the Association. The purposes of the Association are several but all focus on the orderly development of the physician assistant concept and factors relating to this objective.

The PA concept, while not new, was revived as presently conceived in the mid-sixties and since 1970 has flourished with the help of organized medicine, the practicing physician, numerous state legislatures, various philanthropic foundations, and federal funding administered through the Bureau of Health Manpower Education (now the Bureau of Health Resources Development) to mention the major supporters. This has occurred at a time when medicine has been evaluating its mechanisms of health care delivery and other matters. The degree and extent of revisions which result from this process may be considerable. Demand for personnel, geographic and specialty distributions, practice settings, and financing are examples of the studies under review.

From time to time, the Association has reason to express consensus on matters pertaining to and affecting its purposes generated not only from events within PA educational programs but from external events as well. In light of the present stage of development of the PA concept, current events in medicine, investigations of types of health care delivery systems, and the expanding federal role in these matters, the Association wishes to state its position on certain aspects relevant to the PA concept; namely objectives of training, educational settings, educational programs to meet these objectives and utilization.

Since the role of the PA is evolving, a statement concerning objectives of training must be a generalized one. The Association supports the idea of excellence in didactic and clinical experience, and training to the optimum level to assure competent performance by the graduates in discharge of responsibilities both to the patient and to their supervising physician. Several levels of performance for the PA have been defined by the National Academy of Medicine and relate largely to the degree of independent judgment exercised, breadth of training, and highly specialized skills or tasks undertaken. The AMA, in consultation with appropriate specialty organizations and others, has established essentials for accrediting programs for training the assistant to the primary care physician, orthopedic assistant and urologic assistant. These have served as excellent guidelines in program development.

The settings in which training can be best accomplished must be carefully considered. Numerous and different possibilities can be visualized and many are currently sites of programs of great merit. There are two points on which the Association wishes to comment in this regard.

First, it is clear that PA students should be trained in settings where they will not be in isolation from other members of the health care team but actively learning and participating with them. This will enhance development of the PA role through mutual understanding of each team member's capabilities, training, and function in health care delivery. Training with interns and residents can do much to demonstrate to persons about to embark on their professional careers that the PA can be productively integrated into medical practice. Work with others such as medical students, nurses, and allied health personnel will do much to allay the apprehensions of some and to provide opportunities for understanding the roles of all.

Second, it is important that programs be able to demonstrate adequate resources, both didactic and clinical, to assure the opportunity for training to an optimum level of competence. At this stage of development of the PA concept and role, evidence of these resources is critical. Those institutions or programs having such capabilities should be encouraged to be leaders in PA development. The Association does not encourage development of programs in settings where it is not possible to demonstrate significant previous or on-going, in-depth training of other health care team members in both didactic and clinical work and which do not have affiliation with institutions recognized for having such clinical training programs.

As more graduates are produced and integrated into the health care system, the educational programs will need to be responsive to educational deficiencies which may be detected, as well as changes in medicine so that appropriate modification in programs can be promptly instituted. The evaluation of training programs, proficiency of graduates, and utilization are expensive, complex tasks requiring considerable expertise. Such capabilities can be most likely found in academic health centers and their area affiliates in cooperative efforts with other associations and evaluation agencies both private and public.

Programs must be responsive to changes that will occur in health care and its delivery, not only during the training phase of the PA but during their work in the field. Programs for continuing education, both to keep abreast of new developments and to permit expansion of knowledge of the individual PA, must be an integral part of the overall plan for PA concept ~~and~~ development.

In order to achieve this flexibility, responsiveness to the changing medical scene, and necessary excellence of training, for assurance of quality patient care, the Association recommends and encourages:

- 1) refinement of the PA role in health care delivery and in PA training, especially the area of primary care and selected specialties which emphasize integrative skills.
- 2) strengthening of existing programs having effective affiliations with academic health centers or area health education centers where behavioral and biological science education and clinical experience can be assured and where training can take place with other members of the health care team, especially the physician.
- 3) that institutions which choose to embark on development of new programs give particular consideration to excellence of training, evidence of need, facilities for training, and current and projected trends in medicine and health care delivery systems which may affect the PA concept.