

# Committee on Type-A Health Professional Dialectics

1650-C VALLEY AVENUE / HOMEWOOD, ALABAMA 35209

For your reading enjoyment - Paul F. Mason

February 10, 1974

Robert E. Reiheld, MD  
Chairman, AMA Council on Rural Health  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

DEPARTMENT OF

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AAPA

RURAL HEALTH

Dear Dr. Reiheld;

Malcolm Todd, MD, past chairman of the Council on Health Manpower, currently president of the AMA, addressed himself to the issue of certification of assistants to the primary care physician at the Type-A level in two communications:

- (1) JAMA, vol. 22, No. 5, Oct. 30, 1972, pp 563-566; and
- (2) a memorandum of wide distribution dated Nov. 16, 1972.

The second communication is a status report on the certification examination at that time in evolution, for the Type-A Physician Assistant, as described by the National Academy of Sciences. This examination was developed under the auspices of an AMA appointed ad hoc committee on the Physician Assistant. Dr. Todd's intentions were applauded by those of us who desire AMA support and recognition. We were further gratified and encouraged by Dr. Todd's statement that this certification examination would "help maintain high standards in the occupation, would provide the potential physician employer with evidence of competency, and enhance the career and geographic mobility of the assistant to the primary care physician by providing nationally-recognized credentials".

It is with deep personal and public concern that we have decided to originate this correspondence with the hope of encouraging the AMA to withhold certification of any individual as a Type-A Physician Assistant on the basis of passing the Dec. 12, 1973 examination. As Type-A Physician Assistants, we feel that the material presented in the Dec. 12, 1973 examination was insufficient in quality, content, and depth to provide elimination of individuals with less than minimal clinical acumen from gaining access to the title Physician Assistant Type-A.

In view of the aforementioned statement, those of us who have strived to become proficient members of the medical community, functioning at the patient-physician interface as executors of the art and science of medicine, and thereby delivering the highest quality of medical care attainable by non-MD degree individuals, subsequent to our rigorous medical university training by, with, and for physicians, enabling us to function as dependent practitioners under physicians, fear that our credibility will sustain irreparable damage by allowing heterologously trained and scored examinees to masquerade as Type-A Physician Assistants through certification by the AMA on the basis of the Dec. 12, 1973 examination activity. Therefore, we encourage the AMA to allow the existing National Board of Medical Examiners; originating and upgrading the content and quality of the National Medical Board Exams, to originate Type-A

This letter was ~~sent~~ sent to many people in the A.M.A. as well as other organizations & programs.

Physician Assistant board examinations in parallel with the Parts I, II, and III Examinations of the NEME. The panel should be informed that the Duke-prototype Type-A Physician Assistant is trained in an academic setting and is given the same patient care responsibilities as the junior or senior medical student during the clinical period. We believe that rigid examinations constructed by the suggested panel should be rendered as follows: part I following didactic completion, part II following clinical rotations, and part III after one year of practice. We would like to suggest further that the National Board of Medical Examiners review the Duke University "Super Final" given to the Duke-prototype Type-A Physician Assistants upon completion of their training, to gain an understanding of more suitable testing material. In fact, we also believe that the Duke examination in terms of P and r values, is far superior to the Dec.12,1973 examination. Furthermore, at the risk of sounding elitist, the Dec.12,1973 examination ignored our level of competency and catered almost explicitly to the technically oriented Nurse Practitioner-Medex populations; both of which are below our level of training and professional competence. While commenting on the subject of examinations, it might be stated here that to provide a more objective method for Type-A Physician Assistant applicant selection into the programs, an entrance examination be developed by graduate Type-A Physician Assistants in conjunction with their physician educators.

We believe that by virtue of our training we are in the truest sense paraprofessionals or dependent medical practitioners. The Physician Assistant Type-A training and role is discussed in Family Practice; Conn, Rakel, Johnson, W.B. Saunders Co., 1973. We would like its' credibility protected by the AMA, primarily to assure the public of quality medical and surgical care by Type-A Physician Assistants. To further insure this, we propose that the Type-A Physician Assistant be subjected to show evidence of continuing medical education and/or be required to face re-examination and re-certification periodically as well as passing initial board examinations as we described. We believe that only after the Duke-prototype, university trained Type-A Physician Assistants agree that their examination is discriminating enough, should perhaps heterologously trained applicants then be allowed to write the examinations to obtain Type-A certification.

To alleviate ANA's confusion and bitter opposition towards the Type-A, Duke-prototype Physician Assistant we suggest that they confer with RNS who have entered and graduated from the University of Alabama in Birmingham Type-A program. In so doing they would be provided long overdue insight into the irrevocable fact that a nurse is trained to nurse and a Type-A Physician Assistant is trained to function in a dependent physician role and is in fact trained in parallel with the physician student. Furthermore, because a nurse is trained for six months in pediatrics or family nursing she does not become a Type-A Physician Assistant.

Those of us who have graduated from Type-A Physician Assistant programs within the past two years are becoming very concerned over the AMA accreditationists' recent suggestions of deleting the high level curriculum which our programs contained, shifting emphasis from horizontal to vertical




care, and substituting classroom training in clinical medicine with heavy emphasis on pathophysiology and differential diagnosis, to meaningless sessions in "patient counseling". Those of us who function as Type-A Physician Assistants are motivated to study and practice medicine and surgery under the direction of our physician. We do not envision ourselves nor do we seek reduction to the level of counseling, hand-holding super-nurses. Our academic interest and motivation is to provide quality acute and chronic medical management as we had been taught by our physician professors. We believe proper counseling is an individualized process based on integration of data base material, e.g. personality, habits, lab, physical limitations, realistic goals, etc. Should the AMA doubt our credibility to function as such, we invite them to visit with us once again and our employers here in Alabama.


Indeed we are alarmed that any move away from physician-oriented and move toward nurse-oriented course material will ultimately attenuate the quality of the product and confuse not only the public, but also the potential physician employer expecting the Duke-prototype Physician Assistant. To prevent Type-A Physician Assistant fractionation we request the AMA desist from approving programs obviously of non-Duke prototype and abandon its motion to certify ANY Dec. 12, 1973 examinees as Type-A Physician Assistants, regardless of examination activity.

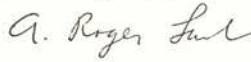
We believe that it would be in the best public and professional interest to abandon further training of the Duke-Type-A Physician Assistant rather than attempt to dilute out those of us who have been trained to function as paraprofessionals. We do, however, believe that there does exist a place for the Duke-Type-A Physician Assistant in the community as he has been trained in quality programs. We believe this is an appropriate time to ask the AMA, the Federal Government, and the State Legislators to investigate the quality of medical practice as we and our physician employers deliver it. We believe that our programs should be constantly upgraded, not attenuated, and indeed prefer their abandonment over the latter. In addition, we fail to recognize how one can achieve vertical mobility if the obvious suggests gravitation away from meaningful curriculum.

We implore the AMA to re-examine its' attitudes and ideas regarding certification of individuals and approval of training programs as Type-A those which are not developing the Duke-prototype. While keeping the public welfare at the forefront of their deliberation as they have done in the past, we hope that organized medicine recognizes that we have been trained by professors of medicine side by side with the medical student and that this is in contrast to both the nurse and Medex populations.

  
Bert Gavin  
Physician Assistant-Type A

  
Eugene A. Mangieri  
Registered Physician Associate  
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Charles G. Cloutier  
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The committee has been created by practicing Duke-prototype Type-A Physician Assistants subsequent to developments over the past two years which will ultimately affect the quality of health care delivery and our professional viability. It is our opinion that the recent AMA Type-A Physician Assistant certification examination and suggestions to attenuate curriculum within existing Duke model programs will have a genocidal effect on the concept and utilization of quality trained Type-A Physician Assistants of the Duke-prototype. The inclusivity by the American Academy of Physician Assistants of heterologously trained assistants to the primary care physician and resulting mosaicism is not only confusing to both the public and prospective physician employer but serves further to mutate the identity of the Duke-prototype Type-A Physician Assistant. Those of us who have studied to gain the professional respect of our physician colleagues and the respect and confidence of our patients feel an urgent need to:

- (1) Protect the patient and ourselves against ramifications of inferior medical practice rendered by inadequately trained individuals gaining access to certification as Type-A assistants to the primary care physician through a non-discriminating, technically oriented examination.
- (2) Further educate the public of the training received by Type-A Physician Assistants as rendered to date in high quality medical university programs and the level at which we have been functioning.
- (3) Establish public awareness of the difficulties encountered thus far in attempting to produce more Type-A Physician Assistants of same quality.
- (4) Establish in conjunction with the existing National Board of Medical Examiners, rigid board exams in parallel with the National Medical Board Examinations parts I, II, and III, to be administered to the Type-A Physician Assistant at the appropriate periods in his education and originate examinations for periodic re-certification.
- (5) Insure orderly development of a high quality product capable of rendering excellent general medical and surgical care at the patient-physician interface under the direction of a licensed physician.
- (6) Provide re-evaluation of existing Type-A Physician Assistant curricula and develop criteria for recognition of programs by a joining physician-Type-A Physician Assistant subcommittee.
- (7) Initiate guidelines for heterologously trained deliverers of health care who are NOT graduates of Duke-prototype Type-A programs, but desire recognition as Type-A Physician Assistants.
- (8) Develop a more objective method for Duke-prototype Type-A Physician Assistant applicant selection based upon a Type-A program entrance examination and develop standard program entry pre-requisites, both academic and practical.
- (9) Establish the Type-A Physician Assistant as a credible and valuable executor of the art and science of medicine and to provide a base for council, exchange of ideas and negotiation of professional business through recognized National, Federal, State and community physician and public agencies.