

## The Nomenclature Evolution of the Physician's Associate

Since the formal evaluation of the physician's assistant concept in 1965, no single issue has caused so much confusion as that of nomenclature. While selection of the term "physician's associate" to differentiate the highest level of physician's assistant has resolved much of the confusion, it has created a great deal of controversy. Even though a brief review of the developments of the past few years will not resolve the issue or calm the emotions that cloud the issue, a summary of events should at least serve as clarification.

From the time Duke University initiated its program for educating physician's assistants, it was accorded extensive publicity and by the end of 1968 "physician's assistant" programs were being planned and implemented from coast to coast. The length of these programs ranged from four hours to five years; the extremes in faculty and methodology included programs that were conducted by non-physicians via correspondence courses to those that were conducted exclusively by physicians in medical schools; and the student body composition varied from high school dropouts to college graduates.

Confusion seemed almost inevitable, and in order to deal with such diversity, the American Medical Association was approached in 1968 regarding the adoption of at least tentative educational guidelines that could lead to the responsible development of the emerging profession. The request, however, was not favorably accepted. Again, in 1969, efforts were made to get the American Medical Association to consider the need for educational guidelines. When the American Medical Association again chose not to respond, the problems were brought to the attention of the National Academy of Sciences and the Association of American Medical Colleges.

The National Academy of Sciences, which recognized the need for action in this area, published a report in early 1970 entitled: "New Members of the Physician's Health Team: Physician's Assistants." In an attempt to help clarify the

issues involved, the National Academy of Sciences defined three levels of "physician's assistants" which they referred to as Types A, B, and C. While the report avoided directly confronting the nomenclature issue the National Academy of Sciences recognized that "indications are that ... Type A assistants ... will be called physician's associates." Their response in this regard was similar to the published recommendations of the American Academy of Pediatrics denoting three levels of "assistants"--associate, assistant, and aide.

Several months after the National Academy of Sciences published its definitive report, the American Medical Association officially but vaguely defined the "physician's assistant" as "a skilled person qualified by academic and practical on-the-job training to provide services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant." While this definition was wholly generic in character, it did specify accountability by the physician as opposed to accountability by an institution.

In an effort to further resolve the dilemma, the American Registry of Physicians' Associates, Inc. was founded by leaders of three university-based programs in order to provide a mechanism for accrediting Type A physician's assistant programs and registering those graduated from accredited programs or those, who, by education and experience, are able to function in the capacity of a Type A physician's assistant.

At the time the Registry was established, the nomenclature issue was examined carefully. The title "physician's associate" was chosen for several reasons. First, the term "physician's assistant" had become totally generic and could not be protected by federal registry. Second, the definition of the word "associate" seemed most appropriate. The word "associate" according to Webster's New World Dictionary is:

"a person associated; friend, partner, colleague, fellow worker. 2. a member without full status or privileges,

as of society, institute, etc. 3. anything joined with another thing or things. 4. in some colleges and universities, a title conferred on one who has completed a course shorter than that required for a degree..... SYN. associate refers to a person who is frequently in one's company, usually because of some work or project shared in common; colleague denotes a fellow worker, especially in one of the professions" (emphasis added).

Third, the title "physician's associate" seemed most appropriate because it readily falls into a simple nomenclature system in which a spectrum of physician's associates, physician's assistants, and physician's aides can all be referred to as "P.A.'s". As with "M.D.'s" and "R.N.'s" the broad variations in education, specialization, and qualification of "P.A.'s" are primarily important to the internal structure of the health service industry. However, as with the designation "M.D." or "R.N." the designation "P.A." can also assume a broad generic connotation which, by its simplicity, can be readily understood by the consumer and yet, by its implication, classify the worker.

By the middle of 1971 six colleges and universities with "Type A" programs had changed their program titles to utilize the word "associate". It was at this point in time when the American Medical Association adopted a resolution stating their interpretation of the term "physician's associate".

Since the American Medical Association adopted and defined their interpretation of the term "physician's associate" two new nomenclature systems have been suggested. One system, which relies on the names of people with historical prominence, is bound to create confusion in the minds of deliverers and consumers as well, and the other system, while etymologically sound, does not provide a title which is conducive to widespread application.

While controversy regarding the nomenclature of the "P.A." is widespread today, this in and of itself cannot be deemed a legitimate reason to develop or accept a nomenclature system which would inevitably lead to a level of confusion

greater than that which currently exists. None of the people who support the physician's associate, physician's assistant, physician's aide nomenclature system of defining the generic "P.A." are unwilling to change. The only thing required for such a change is the design and adoption of a more reasonable system.

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