

*Dr. Carter*

**ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS**

Yale University  
Department of Surgery  
New Haven, Connecticut 06510  
Telephone (203) 436-4404  
March 5, 1973

MEMORANDUM TO MEMBERS OF THE ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

The enclosed material on accreditation should be self-explanatory. Please call me if you have any questions. I think the AMA is becoming more responsive to our requests.

The details for the national conference (April 10-12, 1973) are completed. Chuck Mullican will be sending out a final program next week. It should be an excellent conference.

Please be sure to attend the annual meeting which begins at 9:00 a.m., April 13, 1973, at Wichita Falls, Texas. We have a great deal to cover but hope to be finished by 4:00 p.m. The first item of business will be to vote on new members for the Association. All those accepted will then be able to join us for the rest of the day. Professor Kenneth Smith of the University of Wisconsin will talk to us about evaluation studies he is doing. I will report on plans to establish an executive office, most likely in Washington, D.C., and will review sources of funding. We must also establish working sub-committees on a number of crucial areas.

See you in April!



Alfred M. Sadler, Jr., M.D.

AMS:mbg  
Enclosure

ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

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March 5, 1973

SUMMARY OF MEETING ON ACCREDITATION OF PHYSICIAN ASSISTANT PROGRAMS

U.S. Office of Education  
Washington, D.C.

March 1, 1973

A meeting on accreditation was called by John Proffitt, Director of the Accreditation and Institutional Eligibility Staff, USOE, following inquiries by the Association of Physician Assistant Programs of December 4, 1972 (Dr. Sadler's letter), and the American Academy of Physician's Assistants of December 6, 1972 (Mr. Godkins' letter), and a response by Dr. C. William Ruhe, Secretary of the Council on Medical Education of the American Medical Association, who outlined the AMA's position in his letter of February 7, 1973 (copy enclosed).

The purpose of the March 1, 1973 meeting was to explore the implications of existing AMA accreditation procedures regarding PA programs. Attending the meeting were the following officers of the Association of PA Programs:

Alfred M. Sadler, Jr., M.D., President  
Charles N. Mullican, Lt. Col., USAF, MC, Vice-President  
Mrs. Suzanne B. Greenberg, Secretary-Treasurer  
Thomas E. Piemme, M.D., President-Elect

The American Academy of Physician's Assistants was represented by its president, Thomas F. Godkins. Also attending were C. William Ruhe, M.D., Mac Detmer and John Fauser of the AMA; Marjorie Wilson, M.D. and Joseph Keyes, AAMC; Douglas Fenderson, Ph.D., and John Braun, BHME, NIH; Scott Fleming and John O'Rourke, DHEW; Frank Dickey, National Commission on Accrediting; S. Cole, American College of Physicians; representatives of the American College of Physician's Assistants; Paul Palace, American Association of Physicians Assistants; representatives of the National Association of Physician's Assistants; David Cooper, DHEW; Winston Dean, NCHSR&D, HSMHA; Daniel Thomas, American

Hospital Association; Wesley Duiker and Katherine Anderson, M.D., American Academy of Pediatrics; Thomas Dublin, M.D., American Society of Internal Medicine; Margaret Walsh, NLN; and Ronald Brigsley, OE.

Introductory presentations were made by Dr. Sadler, Mr. Godkins, Dr. Ruhe and Dr. Fenderson. Dr. Sadler reviewed the history of the American Registry of PA's; the founding of the Association of PA Programs and its goals, objectives, activities, and future plans. Mr. Godkins reviewed the development of the American Academy of PA's, its close working relationship with the Association of PA Programs, and its goals and objectives. Dr. Ruhe reviewed the history of AMA accreditation of allied health programs, the development of essentials for the Assistant to the Primary Care Physician, and the rapid evolution of the AMA accreditation process. To date, 42 PA programs have applied for accreditation; 28 have been approved; 10 are under review; one approved application was later withdrawn by the program; and two programs were not approved. There have been 35 site visits to date. Some programs such as Yale are not applying until the review process becomes more representative of the PA profession.

Dr. Fenderson reviewed the establishment of the Office of Special Programs, BHME, NIH, to coordinate funding of all PA programs. He stated that this office of NIH had contracted with the AMA to help provide "critical review" of grant applications to determine if PA program curricula provided evidence of their consistency with the AMA's minimum essentials for the Assistant to the Primary Care Physician.

Considerable discussion followed. The Association of PA Program representatives expressed concern about the lack of PA program and graduate PA input to the accreditation process. This concern was heightened by the AMA's statement of June, 1972, on the hiring of PA's in hospitals and by the AMA's establishment of an ad hoc committee on PA's which did not include PA program input or PA graduate representation. The AMA response reflected bureaucratic concerns and emphasized the difficulty in moving a big organization. Other organizational issues were also raised (see copy of Dr. Ruhe's letter).

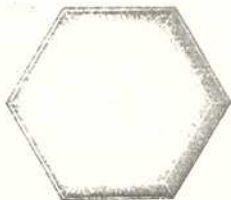
Dr. Ruhe stated that the Joint Review Committee which passes judgment on applications, includes three representatives each from the American College of Physicians, the American Academy of Pediatrics, the American Academy of Family Practice, and the American Society of Internal Medicine. The recommendations of the Joint Review Committee then go to the Council on Medical Education of the AMA which makes the final decision on accreditation. Thus, the AMA has final decision-making authority on accreditation of PA programs.

In closing, Mr. Proffitt suggested that all those present write to him within three weeks with suggestions and recommendations for future action. OE would then consider the need for subsequent meetings on this and related subjects. A copy of my letter is enclosed.

Submitted by:

  
Alfred M. Sadler, Jr., M.D.  
President

AMS:nbg  
Enclosure



## THE AMERICAN REGISTRY OF PHYSICIANS' ASSOCIATES

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6467-Natchez-Way  
Durham, North-Carolina 27704  
Telephone-Area Code 919-684-6134

333 Cedar Street  
New Haven, Conn. 06510  
(203) 436-4404

October 6, 1972

Ralph C. Kuhli, M.P.H.  
Director, Department of Allied Medical  
Professions and Services  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

Dear Ralph:

At a recent meeting in Atlanta, it was voted unanimously by the Association of Physician Assistant Programs to communicate to you concerning the accreditation of programs to train assistants to the primary care physician. The Association of PA Programs has been formed to deal with matters of common concern among those involved in the education of PA's. Currently, there are fourteen member programs (see attached list). We anticipate that membership will expand considerably during the coming six months.

We believe that site visit teams which accredit PA programs should include a member from PA program faculty or administration. In this way, the accrediting process can receive direct input from persons who are actively engaged in the training of PA's. We also suggest that you consider graduate physician assistants for site visit team positions.

I look forward to hearing from you on these matters and would be glad to discuss them further with you.

With best wishes.

Sincerely,

Alfred M. Sadler, Jr., M.D.  
President

AMS:mbg  
Enclosure

cc: Members of the Association of Physician Assistant Programs  
Mr. Nicholas Griffin  
Dr. Douglas Fenderson



## AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

DIVISION OF  
MEDICAL EDUCATION

C. H. WILLIAM RUHE, M.D.,  
Director

February 7, 1973

John R. Proffitt, Director  
Accreditation and Institutional  
Eligibility Staff  
Bureau of Higher Education  
Department of Health, Education,  
and Welfare  
Washington, D.C. 20202

RE: BHE:AIE:APU

Dear John:

This letter is in response to your letter to me of December 19, 1972, received in our office on December 27, 1972. You will recall that we discussed the letter by telephone a few weeks ago. My delay in providing a formal written response has been due to the fact that I wanted to wait until after the January meetings of the Joint Review Committee on Education for the Assistant to the Primary Care Physician and the Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services to obtain their reaction.

With your letter you enclosed copies of letters addressed to Sidney P. Marland, Jr., U.S. Assistant Secretary for Education, DHEW, by Thomas R. Godkins, President of the American Academy of Physicians' Associates and Alfred M. Sadler, Jr., M.D., President of the Association of Physician Assistant Programs. You asked that I review these letters and provide you with comments regarding the issues raised by these two organizations.

First of all, let me respond to Mr. Godkins' letter. The need for involvement in the accreditation process of physician's assistants themselves (i.e., the products of physician's assistant educational programs) has concerned the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician since its inception. It was recognized fully that it would be desirable to have physician's assistants involved on both the survey teams and the Joint Review Committee. As you know, this has been our regular practice in all of the occupations for which we carry out accreditation activities. In an established field there is usually no difficulty because there is normally a professional organization of the allied health professionals who are graduates of the educational programs and it is possible to work directly with that organization. With an emerging field, however, it may take some time before a professional organization is established and becomes recognized as representative of the field.

In the physician's assistant area the problem has been complicated by the fact that there were at one time five separate physician's assistant organizations. It is our understanding that four of these are still active and that there is a possibility that still another one will be established. The names and addresses of the four organizations about which we have been informed are as follows:

1. The American Academy of Physicians' Associates  
2150 Pennsylvania Avenue - Room 356  
Washington, D.C. 20037
2. The American College of Physicians' Assistants  
2314 Upland Place  
Cincinnati, Ohio 45206
3. The American Association of Physician's Assistants  
2 Park Avenue  
New York, New York 10016
4. The National Association of Physician's Assistants  
114 Liberty Street - Room 500  
New York, New York 10006

Some of these organizations had inquired about the possibility of formal recognition by the AMA and had sought and obtained the support of individual practicing physicians as sponsors or members of advisory boards. Neither AMA nor any of the other professional medical societies which were approached by one or more of these organizations felt that it was appropriate to recognize one in preference to the others. However, AMA contacted the four organizations and invited them to send representatives to meet with AMA representatives to discuss their activities and their future goals. Two of these, the American Academy of Physicians' Associates and the American College of Physicians Assistants, accepted the invitation and meetings were held with their representatives on August 29, 1972 and September 26, 1972. In these exploratory discussions it was pointed out that it would be much easier to relate to the graduates in the field if there were a single, broadly representative organization to deal with. Representatives of both the Academy and the College stated that they were interested in a possible amalgamation of the two organizations and had conducted some preliminary discussions to this end.

The Joint Review Committee took formal notice of the desirability of having physician's assistants participate in the review process through an action at its meeting of October 6-7, 1972 in Chicago, as follows:

"The Joint Review Committee stated its desire that a physician's assistant organization be solicited as a full collaborating member of the Joint Review Committee when such an organization, which is broadly representative of assistants to primary care physicians, is identified. Representation of the organization in the Committee would be through two members and one alternate."

Both the American College of Physicians' Assistants and the American Academy of Physicians' Associates (including Mr. Godkins) were aware that such an action had been taken.

At its most recent meeting on January 19, 1973, the Joint Review Committee reaffirmed its previous action and voted to solicit as a full collaborating member of the Joint Review Committee, a physician's assistant organization that is broadly representative of the field. The Committee further stated that the proposed merger of the American Academy of Physicians' Associates and the American College of Physicians' Assistants, if accomplished, would in the opinion of the Joint Review Committee provide the kind of broad representation of practicing physician's assistants which would be desirable for membership on the Joint Review Committee. In the event a merger is not effected, the Joint Review Committee voted to appoint three physician's assistants to the Committee as members at large without regard to their affiliation with professional organizations.

Both the American Academy of Physicians' Associates and the American College of Physicians' Assistants have been apprised of this action in a letter dated January 23, 1973 and have been informed that the new physician's assistant organization could have its representatives to the Joint Review Committee begin their membership on the Committee at its next meeting on June 7-8, 1973. This would depend, of course, upon ratification of the proposed membership by the four parent organizations of the Joint Review Committee and by the AMA Council on Medical Education. No difficulty is anticipated with such approval.

With regard to the letter by Dr. Sadler, concerning representation from the Association of Physician Assistant Programs, the situation is somewhat more complicated. In the first place, the Association of Physician Assistant Programs is quite a new organization, by Dr. Sadler's own admission. Furthermore, despite its intention "to expand the membership of the organizations to include all of the existing mid-level health professional programs however named," the Association cannot be considered to be representative of all physician assistant programs at this time. At the time of Dr. Sadler's letter the Association included 16 member institutions of which 10 had been accredited by AMA and 3 had



been surveyed for possible accreditation. More than a dozen programs already accredited by AMA were not member institutions of the Association. We have also been informed unofficially that there is a possibility that there will be an Association of Program Directors of MEDEX Programs separate and distinct from Dr. Sadler's Association. The future scope and influence of this Association may, therefore, be said to be still very much in doubt at this time.

Even if the Association included in its membership all of the approved programs, there might be some question as to whether it constitutes an appropriate sponsoring organization for the Joint Review Committee. While there is no prejudice against an organization of this nature, we do not have anything comparable to it in any of the other allied health areas in which the AMA is engaged in an accreditation activity. The possibility of conflict of interest would have to be kept in mind, in order that there might be no implication that a program would have to be a member of the Association in order to be accredited.

There can be no question that directors of educational programs are knowledgeable about the educational requirements and have some appropriate role to play. Dr. Sadler's letter implies that they have had no role to the present time. The fact is that individual program directors were very much involved in writing the job description for the physician's assistant and in preparing the Essentials for educational programs which were ultimately adopted by the American College of Physicians, the American Society of Internal Medicine, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Medical Association.

After the Essentials were approved and the Joint Review Committee was established, considerable thought was given to the role of program directors in the early survey and accreditation process. At that time, the Joint Review Committee decided that it would probably be better in the early review process to avoid the use of program directors on survey teams because of the rather marked polarity of opinion which then existed among some of the directors of various types of programs. Had this not been done, it might have been difficult to avoid the implication of favoritism or antagonism on the part of individual program directors who were members of survey teams. It was therefore judged wiser to use "neutral" survey teams.

The Joint Review Committee now believes that the sharp differences of opinion which existed among program directors a year or two ago have now ameliorated somewhat and the staff has begun to involve individual program directors as members of survey teams. It is anticipated that this practice will be continued in the future. There is also nothing to prevent the parent organizations from appointing program directors as their representatives to the Joint Review Committee. One of the representatives (Dr. Katherine Anderson) currently is an assistant program director.

There is some implication in Dr. Sadler's letter that the AMA has adopted and practiced a policy of exclusivity in setting up and implementing the accreditation process for educational programs for the assistant to the primary care physician. ("AMA should not be the sole arbiter of excellence in PA training.") A review of the records shows that this has not been the case in the past and is not now the case. At the time the job description was written and the Essentials were developed, many organizations were invited to participate, among them being the Association of American Medical Colleges, the American College of Obstetricians and Gynecologists, and the American Psychiatric Association. The AAMC did appoint representatives who assisted in the effort; ACOG and APA did not. In addition, individual program directors were involved in the activity. After the Essentials had been developed by the working group, various organizations were asked to approve them and to serve as sponsors of the Joint Review Committee. At this point the Association of American Medical Colleges, decided that it did not wish to engage in this ongoing activity in the allied health field, although it might be interested in accreditation of baccalaureate or masters level programs through the Liaison Committee on Medical Education. The four organizations referred to earlier, ACP, ASIM, AAFP, and AAP did agree to collaborate with AMA in the conduct of the accreditation activity.

There is not now and there never has been any desire to exclude any organization from full participation, provided that that organization has an appropriate role to play and is entitled by virtue of its function, scope, and interest to be involved in the accreditation process. To date, neither the AMA nor the Joint Review Committee has received any formal request from any of these organizations to serve as a sponsoring agency.

Dr. Sadler's letter proposes that "a more effective accrediting body would be a Liaison Committee on Allied Health Education which might have representation from the AMA, AAMC, American Hospital Association, and the Association of Physician Assistant Programs." He is no doubt aware that a liaison committee resembling this in some particulars but sharply different from it in others is already under active discussion and consideration by a number of major organizations. In due time it is quite likely that such a liaison committee will be established. Meanwhile, it is necessary that there be standards and a mechanism for accreditation for the large number of educational programs which are now in existence and which are being established.

Nobody would claim that the accreditation procedures used to date are perfect. On the other hand, nobody is attempting to say that the present pattern should exist for the indefinite future. We are always ready to consider changes in the procedures as well as in the sponsorship and in the participation of those involved and interested.

John R. Proffitt

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As you know, we were under considerable pressure from various sources to institute and implement this accreditation program promptly. The job description and the Essentials were developed in what I consider to have been a remarkably short period of time, although admittedly many were impatient with what they considered to be very slow progress. Aided by a grant from the National Institutes of Health, Office of Special Programs, we have moved forward promptly with survey and accreditation procedures. With the program in operation for less than one year, we have received 41 applications, have conducted 32 site visits, have approved 22 programs (with 7 others recommended for approval by the Joint Review Committee and awaiting Council action at its next meeting), and have 6 programs in the process of review. To date there have been 2 programs not approved and 4 other program applications were withdrawn before action was taken on them.

This is really a substantial record of accomplishment in a relatively short time. Particularly is this so when one considers the disparate nature of the various types of programs with which we were confronted when we began the task of writing the job description and developing standard essentials for the field. I believe that the accreditation process has drawn the various programs closer together, has crystallized the thinking of those engaged in offering the education, and has resulted in a general tightening and improvement of the educational activities.

In your letter you stated that you had indicated to the organizations that it would be beneficial to call a meeting of their representatives, the Council on Medical Education, the Joint Review Committee on Education for the Assistant to the Primary Care Physician, the Association of American Medical Colleges, and other appropriate parties to discuss the structure of the accreditation process. Frankly I do not see the need for such a meeting, although we will certainly be willing to participate if you decide to call one.

If you do plan to bring together all appropriate parties, you should probably consider broadening the scope of the meeting substantially. For one thing, it would seem to me to be very awkward for the Office of Education, as a public agency, to select one of four physician's assistant associations for such a meeting. In other words, if you are going to invite the Academy of Physicians' Associates, you will probably also have to invite the other three physician's assistant organizations. If you are going to invite a representative of the Joint Review Committee, you will probably have to contact the four parent organizations of the Joint Review Committee to see whether they would wish to be represented separately. If you are going to invite the Association of American Medical Colleges, it would seem to me that you must also invite the Association of Schools of the Allied Health Professions. If you have in mind discussing the Liaison Committee suggested by Dr. Sadler, you should probably

John R. Proffitt

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also invite the American Board of Medical Specialties, the Council of Medical Specialty Societies, and the American Hospital Association, since these organizations are associated with the AAMC and the AMA in the present discussions of the expansion of the Liaison Committee structure. If the Association of Physician Assistant Programs is to be involved and plans to include in its membership directors of nurse practitioner programs, it would certainly be appropriate for you to invite representatives of the American Nurses Association and the National League for Nursing, since these organizations feel that they have jurisdiction over "nurse extender" programs which are primarily based in the nursing education program. Finally, it might be wise to invite representatives of some of the various MEDEX programs, since they do not appear to fit comfortably into any of the other organizational structures at this time.

As I noted above, I do not really see the need for such a meeting and I hope that you will choose not to call it. I believe that we are evolving an acceptable and workable accreditation mechanism for educational programs for the primary care physician's assistant. In my opinion little would be gained by reopening the whole subject and attempting to start over again with a new structure. However, if you believe that it is necessary to do so, we will do our best to cooperate.

I hope that the preceding provides you with the information which you were seeking. If you have further specific questions, please do not hesitate to contact me again.

Best personal regards.

Sincerely,

*Bill*

C. H. William Ruhe, M.D.

CHWR:bm

cc: Thomas R. Godkins  
✓ Alfred Sadler, Jr., M.D.  
Ralph C. Kuhli  
John J. Fauser, Ph.D.  
Mac Detmer  
Malcolm Peterson, M.D.

ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

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March 5, 1973

C. H. William Ruhe, M.D.  
Director, Division of Medical Education  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

Dear Bill:

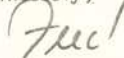
Subsequent to our meeting at the U.S. Office of Education in Washington, D.C. on March 1, 1973, the Association of Physician Assistant Programs would like to review its position on accreditation of PA programs. We would like to reiterate our request of October 6, 1972, to Ralph Kuhli, that PA program personnel participate in site visits (see enclosed letter). We applaud the fact that several PA program people have been asked to participate during the last month.

We believe that the Joint Review Committee should be expanded. We propose that in addition to three representatives of the American College of Physicians, the American Academy of Pediatrics, the American Academy of Family Practice, and the American Society of Internal Medicine; that there be three representatives from the Association of PA Programs, three from the American Academy of PA's, and three from the Association of American Medical Colleges. It might also be appropriate to have three representatives from the AMA (see below). If this group is too large, then two representatives from each organization would be adequate.

The decisions of the Joint Review Committee should be final and not subject to review or veto by any other entity. Thus, the AMA should be represented on the Joint Review Committee itself. If these steps are taken, we believe the accreditation process will become truly representative and should become more effective and meaningful. We look forward to your response to these points and would be happy to discuss them further with you.

It was a pleasure to see you again in Washington. With best wishes.

Sincerely,



Alfred M. Sadler, Jr., M.D.  
President

AMS:mbg  
Enclosure

cc: Members, Association of Physician Assistant Programs  
Douglas Fenderson, Ph.D.                      Malcolm Peterson, M.D.  
Thomas Godkins, P.A.                          John Proffitt, Ph.D.  
John Hubbard, M.D.                              Marjorie Wilson, M.D.

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March 5, 1973

John Proffitt, Ph.D.  
Director, Accreditation and  
Institutional Eligibility Staff  
Office of Education, DHEW  
7th and D Streets, S.W., Room 4068  
Washington, D.C.

Dear John:

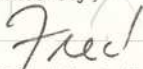
It was good to see you again at the recent USOE meeting on accreditation of physician assistant programs. Dr. Mullican, Dr. Piemme, Mrs. Greenberg and I, on behalf of the Association of Physician Assistant Programs, were pleased to share ideas on this timely and important subject.

We believe that another meeting would be helpful to clarify the most effective direction for accreditation in the future. The Office of Education would be an appropriate host for such a meeting in our view.

Attached is a copy of my letter to Dr. Ruhe which reviews the views of the Association of PA Programs. We would appreciate your reactions and comments.

With best wishes.

Sincerely,



Alfred M. Sadler, Jr., M.D.  
President

AMS:mbg  
Enclosure

cc: Members, Association of Physician Assistant Programs  
Douglas Fenderson, Ph.D.  
Thomas Godkins, P.A.  
John Hubbard, M.D.  
Malcolm Peterson, M.D.  
C.H. William Ruhe, M.D.  
Marjorie Wilson, M.D.