

April 30, 1973

Dear Fellow Classmates:

Since I was duly appointed as class representative to the First National Conference on New Health Practitioners and the meeting of the American Academy of Physician's Assistants, I will report the proceedings as below:

PANEL ON CERTIFICATION

Thomas E. Piemme, M.D., Moderator

1. John Hubbard, M.D. of the National Board of Medical Examiners projected the use of the National Board exam that will be available sometime in November for a standard for graduate nurse practitioners and P.A.'s. He further advocated a 2nd challenge exam in the future for P.A.'s without formal education. He did not however give any clue as to the nature of the examination which was later chewed around in the certification work-up shop.
2. Ray Casterline, M.D. of the Federation of State Medical Boards discussed on the state level, national board exams will probably be honored but in addition, a job description of the certified P.A. must be filed to the state board. This would help facilitate the understanding of many types of P.A.'s and the various roles they assume in medical practice. He elaborated that many physicians at this time are "laying their licenses on the line" when they employ a practicing P.A. and he feels the job description is a must.
3. Gwen McDonald, Ph.D., Dean of Nursing, University of Southern

Florida told us that even though there is no operational certification for nurse practitioners, licensure for nurses has been present for 70 years. She noted that nurses have more practicing flexibility under nursing laws but she failed to note that most nursing laws are restrictive in the areas of primary diagnosis and treatment of disease. She did propose that nurse practitioners be certified on the basis of the following:

- (a) peer review
- (b) current RN licensure
- (c) current ANA membership
- (d) demonstration of relevancy of knowledge
- (e) continuing education

PANEL ON ACCREDITATION
Paul Moson, P.A., Moderator

1. John Profitt, U.S. Office of Education, brought up the paradox of OEO vs. AMA accreditation. He felt that the government should get out of accreditation but wondered who would perpetuate the mechanism. He mentioned only six P.A. Programs are on the recognized list of OEO Programs but he did not tell us who they were. He gave no solutions to the problem, but mentioned the cutdown of HEW funding.
2. Malcom Todd, M.D., Chairman, AMA Council on Health Manpower, advocated validated proficiency testing of the P.A. to add to the P.A.'s credentials. At this time there are 28 AMA approved programs, and 3 preliminary approvals. Two programs received a denial.

3. Thomas Bowles, M.D., Ph.D., Director, Division of Curriculum and Instruction, American Association of American Medical Colleges proposed accreditation through the A.A.M.C. (He was the only speaker with a solid proposal all morning).

WORKSHOP ON CERTIFICATION
Thomas E. Piemme, M.D., Moderator

Basically in this workshop, the National Board for P.A.'s was discussed. The general feeling was that the Duke test was invalid and they speculated that the coming National Board Exam would be on a situational practical line rather than patho-physiology. They further advocated that this exam should be recognized in every state but everyone was pretty vague on criteria for recertification.

PANEL ON LEGAL ASPECTS OF NON PHYSICIAN HEALTH PRACTITIONERS
Walter C. Wilson, Capt., USAF, Moderator

1. David Cooper of the HEW

TOPIC: "Current Legislation as it Affects Reimbursement for P.A. Services"

He elaborated about Medicare and its requirements for qualifying reimbursement. He stressed that patients should receive necessary treatment prescribed and delivered by those qualified to deliver and that could refer to services by P.A.'s. He says the forces for change in this area can be obtained through Professional lobby, congressional initiative and determination of services of physician extenders. He cited the examples of the recently passed bill of reimbursement of Chiropractors for services. He also cited quote of the week: "Rhetoric is no substitute for quantitative facts".

2. Evelyn Bradford, Member, Secretary's Commission on Medical Malpractice. Mrs. Bradford is an attorney who tells us that there are no lawsuits as of that day against a P.A. She elaborated that many physicians believe that P.A.'s will increase a physicians vulnerability to malpractice suits but explained that this is not usually the case and this is probably due to increase in practice and in reality less suits are likely to be seen due to the better care rendered. There are 6.5 claims filed per 100 practicing physicians and these are rarely followed through. She did state that the physician is liable for the actions of his P.A., therefore he should maintain proper supervision. Right now there are P.A.'s employed in 44 states and 1% of all P.A.'s are unemployed.

3. Blair Sadler, J.D., Co-Director of Yale Trauma Program

TOPIC: "Recent Legal Developments Relative to P.A.'s and Nurse Practitioners"

Everyone wants uniformity, quality control and predictability. There are two forms of P.A. legislation:

- (1) Delegation amendments to the Medical Practice Act.
- (2) Amendments to the medical practice acts with named criteria educationally which are recognized by the Board of Medical Examiners.

He cited the California legislation as over-regulated with an excessively detailed law. (In reference to this I personally encourage you to look over this monstrosity of legislation. Dodie has a copy. In the future I would like to propose a moratorium by the Academy be held against the California Board of Medical Examiners but only when consistent criteria for certification are established in a

majority of states and our lobbying power is more well established. I spoke with one P.A. student in (UCLA) California and a majority of his class are leaving California because, of this law.

Dr. Sadler also cited nursing laws in reference to 20 states that have exceptions against diagnosis and treatment but there is no problem legally with nurse practitioners with expanded health maintenance and teaching roles.

WORKSHOP ON UTILIZATION
William D. Stanhope, Moderator

This workshop involved speakers from the Air Force, Medex, Kaiser Permanente, Child Health Associate Program and the Montefiore Medical Center. To elaborate would be repetitious and tedious. The greatest impact fell on the Montefiore Program of putting P.A.'s in surgical residencies and making them house staff surgeons. This concept got interesting responses both pro and con but its a program that will be interesting to observe in the future to see how it works out.

On Friday, the day was spent on Continuing Education with a self assessment examination at the end on clinical medicine. Copies of the written examination can be obtained from me and probably from the P.A. Office.

STUDENT REPRESENTATIVES MEETING

The student representatives met on Friday night and Saturday

morning to exchange ideas and get to know each other for the election. I must say that most of us were pretty much on common ground academically as well as objectively. Thirteen programs were represented and it was decided to elect a Student Board. They were as followed:

John McElligot	Duke University	President
David Terp	Alabama University	Vice-President
Richard Kern	Indiana University	Treasurer
Charles Park	Yale University	Secretary

The first two will serve on the National Board of the Academy. Hopefully, this board will meet during the year, objectives of which were not outlined. If you have any questions or comments concerning the student board contact:

John McElligot
Duke University
Physician's Assistant Program
Durham, North Carolina 27705