


Dr. Kinney then explained the events that led up to approval of the Bachelor of Health Sciences degree, recalling specifically the agreement that each program developed for such a degree would have to be reviewed by and approved by Med SAC before recommending it to the University as an official University degree program. The programs must be comparable to other undergraduate programs offering a bachelor's degree. Essentially, Dr. Kinney said, all of this leads up to setting up a School of Allied Health with the following issues to be decided: (1) that the appropriate department of the Medical School will assume responsibility for teaching the appropriate courses in the allied health area (the alternative to this would be to set up an allied health faculty); Financial arrangements with each department would be handled through Administration the same way as with the Medical School teaching budgets. (2) The Physician's Associate Program has been approved by the Allied Health Advisory Committee and is now brought for approval of Med SAC; if approved by the University it will become a degree program.

During the ensuing discussion, (1) Dr. Bulger explained that instead of the Basic Improvement Grant, each school will submit an application, which will not even be considered unless there is a definite plan for allied health education. (2) Dr. Kinney said that as the School of Allied Health develops the successful programs in the community colleges will be looked into; he also said that all the programs in the School of Allied Health would be "quality" programs and would eventually become self-sustaining; he suggested that the maximum number of students for the next five years should not be over 400 at a time in all the classes and estimated that the hours of teaching in the Allied Health Programs from the Medical School faculty would take up no more than 10% of the department's time. (3) Dr. Tosteson asked why we should continue the Physician's Associate Program at Duke, to which Dr. Estes replied that the Program innovations are really just beginning, and that the Program is by no means established nationwide; Duke has the only students of this variety in the country and any studies being done on P.A. students are being done on the Duke P.A.'s. (4) Dr. Busse expressed concern that in 10-12 years the P.A.'s may begin to believe they are M.D.'s. (5) Dr. Katz was concerned that we are moving into a longer period of time to train the P.A.'s as opposed to the original proposal of training them in a shorter period of time; Dr. Estes replied that they are broadening the spectrum of the Physician's Associates and training students with anywhere from six weeks training to four years. Less than four years would not result in a degree; the lesser trained are working in the community in "purely experimental settings." (6) Dr. Anlyan and Dr. Kinney made it quite clear that the only issue to be considered at present was the possibility of a degree program for the Physician's Associates; that no other allied health group can come under the umbrella of the degree program and no new allied health program can be instituted without being brought before Med SAC.

After a very prolonged discussion, Dr. Kinney made the recommendation and MOTION that the Allied Health Programs be put together under a Division of Allied Health Education, with each program director being responsible to the Associate Director of Allied Health Education who, in turn, would be responsible to Dr. Kinney. The motion was seconded. Dr. Kinney will bring to the December 14th Med SAC meeting a chart showing how he envisages the administrative divisions and responsibilities. Essentially, the only change would be that Dr. Bulger (or Dr. Lindsey as of January 1, 1972) would be Chief of the Division of Allied Health Education. The MOTION was then APPROVED.

 Dr. Kinney then made a second MOTION that the Physician's Associate Program be approved for the degree of Bachelor of Health Sciences, as recommended to him by the Associate Director of Allied Health Education and the Allied Health Education Advisory Committee, and that the appropriate departments assume the responsibility for teaching those parts of the Physician's Associate Program that are applicable to that particular department. The MOTION was seconded and APPROVED. Dr. Anlyan said that he would see that a separate line item is sent to each department labeled "allied health education" to allay anxieties re substitutive money.

#### Executive Session:

An executive session was called at 4:00 p.m. and non-Med SAC members excused from the room. Dr. Anlyan especially thanked Dr. Moshe Prywes for attending the meeting and invited him to give a "friendly critique" of the educational programs in the Medical Center at a special Med SAC meeting to be held sometime in December before he returns to Jerusalem. (NOTE: December 22nd at 2:30 p.m. in Room M-204)

Dr. Anlyan also invited the Chairmen to a reception and dinner honoring Dr. and Mrs. Prywes and Dr. and Mrs. Bulger on Monday, December 13, at 1516 Pinecrest Road.

#### Decision-making and Communications with Faculty:

Dr. Anlyan discussed with the department chairmen the problems of decision-making in their absence. He also encouraged them again to set up regular departmental meetings, which would include everyone on their faculty, for better communications with their faculty members. The consensus of the discussion that followed seemed to be that the Monday before each Med SAC meeting should be held as "sacrosanct" and Dr. Anlyan will reaffirm this in writing. The possibility of also using an alternate Monday was discussed. With regard to decision-making in the absence of the Chairmen, Dr. Anlyan will draw up a list of the categories of delegation that it would be helpful to have a "deputy" available for with authorization to act on the Chairman's behalf.