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# Yale University

SCHOOL OF MEDICINE

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December 6, 1972

MEMORANDUM TO MEMBERS OF THE ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

This is to report on some recent developments since our last meeting on November 10, 1972, in Washington, D.C. The enclosed letter from Tom Piemme and me to John Cooper spells out our request to the Association of American Medical Colleges. The AAMC has held subsequent meetings on these points. They have an executive council meeting in December at which time decisions will be made. I understand they are favorably inclined toward allowing us to hold our semi-annual meeting in their orbit in November of each year. They also will be willing, as I understand it, to appoint someone to our Advisory Committee.

Also enclosed is a copy of a letter from Mac Detmer of the American Medical Association regarding site visit teams for accreditation of PA programs. We agreed at our last Association meeting that each PA program would submit a slate of names of people who could be effective site visit team members. I would like to receive from each of you by December 15th, those names and addresses which you feel are appropriate. Please respond promptly.

The letter to Dr. Sidney Marland concerns the representation of the Association of PA Programs in the accreditation process. I have also talked informally with Mr. John Proffitt of the Office of Education who assures me that their office is concerned that the AMA is solely responsible for the accreditation of PA programs. An Advisory Committee to the Office of Education meets on December 13th and 14th and we will get some feedback concerning this issue during the week of December 18th. I will keep you informed.

Also enclosed in this mailing is a list of the "Ad Hoc Advisory Committee on the Physician's Assistant" established by the AMA. I attended their first meeting as an "observer" on November 15th in Chicago. As you can see, various AMA councils are heavily represented and there is no one who is a physician's assistant or who is a PA program director in the group. Dr. J. Elliott Dixon from North Carolina has had a PA working for him for several years. To my knowledge, no one else in the group has had a PA working for him.

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Most of the AMA meeting was spent discussing in detail the task list for the Assistant to the Primary Care Physician which had been prepared by the National Board of Medical Examiners. A subcommittee consisting of Dr. Frank Riddick, Dr. Elliott Dixon, and Dr. Weldon Kolb, will review that task list in greater detail and report back to the Advisory Committee.

I presented our concern that PA program leaders have an opportunity to interact with the AMA in a more direct manner. I also made a strong plea for representation from the PA profession itself. Dr. Francis Coleman agreed to invite Mr. Thomas Godkins as an "observer" to their next meeting. He indicated that the Association of PA Programs could continue to send a representative as an observer. Dr. Malcolm Todd also attended the meeting, although he is not listed as one of the official members of the Advisory Committee. The next meeting date has not been set, but I suspect it may be some time in January. My letter to Dr. Todd is enclosed for your information.

By now you have had the opportunity to study the by-laws that Sue Greenberg prepared so well following out last meeting. I urge you to telephone or write comments to her immediately so that she can complete a final copy. The final copy will be essential not only for our own

business, but for recruiting additional programs.

I would also ask that each of you contact program leaders you know who are not members of the Association and encourage them to join. In doing so, please explain the goals and objectives of the Association. Then have that person write directly to Sue in Boston for an application form and copy of the by-laws. If you have any questions on any of these matters. would like additional detailed information, do not hesitate to get in touch with me.

> Finally, the Executive Committee of the Association will be getting together in early January to plan further the details of the annual conference in April, and to carry on other business. We will give you a full report of that meeting.

Best wishes for a happy holiday season!

Sincerely,

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

President

AMS:mba **Enclosures** 

cc: Dr. Douglas Fenderson

Mr. Thomas Godkins Dr. John Hubbard

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October 27, 1972

John A. D. Cooper, M.D. President Association of American Medical Colleges One Dupont Circle Washington, D.C. 20036

Dear John:

It was a pleasure to meet with you and your staff to discuss some of the critical issues surrounding the rapid emergence of the physician's assistant/ associate on the national scene. The PA concept provides great promise for expanding the quantity and quality of health care delivery. But the concept also raises fundamental issues regarding the education of existing health professionals including physicians. We believe the Association of American Medical Colleges should be actively engaged in their resolution.

Our discussion of October 24, 1972, included a review of the enormous expansion of PA programs which has just occurred as the result of the Bureau of Health Manpower Education, NIH, funding. The Office of Special Programs in that Bureau is now supporting 41 programs with an estimated student enrollment of 1,300, and is spending \$6.3-million in this enterprise. A very large number of PA's, variously trained, will be on the health scene in the immediate future. The evolution of accreditation for the "Assistant to the Primary Care Physician" developed by the American Medical Association was discussed, as well as the recent Office of Education action on this and other AMA accreditation strategies.

The creation by the National Board of Medical Examiners of a Special Committee to develop a certification exam for the assistant to the primary care physician was also reviewed. It is the consensus of PA program directors that this examination will do much to help bring order and definition to the PA field.

We described the recent establishment of the Association of Physician Assistant Programs which includes at this time fourteen member programs. Generally, these are the first programs to have been established in this country. The Association grew out of the urgent need for program leaders to meet and converse on such important matters as admissions policies, degree credentials,

curricula, evaluation of students, and placement of graduates. The Association has evolved out of the American Registry of Physicians' Associates, Inc. This organization, which was established in 1968, will still exist as an incorporated entity under the overall umbrella of the Association of Physician Assistant Programs. The Registry remains responsible for the registration of graduates of approved PA programs. The Association of Physician Assistant Programs and the Registry will hold their next meeting on November 10th in Washington, D.C., to vote on Association by-laws and to plan future directions.

The American Academy of Physicians' Associates was developed in conjunction with the American Registry of Physicians' Associates in 1968 and is designed to represent the graduates of PA programs and students in PA programs. The Academy was designed for the "Type A" PA program as defined by the AAMC and the NAS. Currently the Academy is considering expanding its membership to include Medex and personnel trained in specialty programs. The Academy is led by PA's who are active in the direction and training of physician's associates at medical centers.

A variety of other organizations have emerged recently which seek to represent the physician's assistant, three to our knowledge. One of these, the American College of Physicians Assistants, is located in Cincinnati. This weekend, representatives of the Academy and the College will meet to try to develop opportunities for merging of the two organizations.

The American Association of Physicians Assistants, on the other hand, located in New York, appears to be more oriented toward maximizing profits from the PA movement. They are engaged in a rapid certification program which is inadequate and very misleading. We share great concern that this organization could do considerable harm to the PA concept.

Because the physician's assistant/associate is carrying out medical duties and functions in a manner never attempted by any other profession, we believe that medical educators must be actively involved and that the AAMC should take active leadership in this regard.

We, therefore, request that the AAMC do the following:

- a) report through its president to the forthcoming annual meeting of the rapid growth of PA programs and related developments contained in this letter. We urge this strongly because we believe that many medical school deans may not be aware of all of these many developments.
- b) the Association of Physician Assistant Programs be permitted to hold a semi-annual meeting in conjunction with the AAMC as many other organizations now do. We hope this would begin at your annual meeting of 1973.
- c) the American Academy of Physicians' Associates be permitted to hold its semi-annual meeting in conjunction with the AAMC's annual meeting beginning in 1973.

d) that the AAMC actively explore the vital issues discussed above, such as appropriate degree credit and most effective ways of educating PA's. We ask that the AAMC draw upon the above-named organizations for resource information and personnel. We believe that the above-named organizations contain substantial expertise relating to PA matters. As representatives of those organizations, we can assure you of their cooperation.

The Association of Physician Assistant Programs is establishing an Advisory Committee so that it can work effectively with all other organizations involved in the PA concept. We would like the AAMC to appoint a person to serve on the Advisory Committee which will be formally established on November 10th at our next meeting in Washington, D.C. We would welcome one of your staff at this meeting. The Advisory Committee will likely include representatives of such organizations as the Department of Health, Education, and Welfare; the Veterans Administration; the American Medical Association; the National Board of Medical Examiners; the American Nurses Association; the National League for Nursing; the Federation of State Medical Boards; and the American Academy of Physicians' Associates.

We wish to thank you again for the opportunity to meet with you and look forward to much productive work in the future.

With best wishes.

Sincerety

· Alfred M. Sadler, Jr., M.D.

President

Association of Physician Assistant Programs

Jon

Thomas E. Piemme, M.D. Member, Board of Advisors American Academy of Physicians' Associates

AMS/TEP:mbg



#### 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

DEPARTMENT OF ALLIED MEDICAL PROFESSIONS AND SERVICES October 20, 1972

RALPH C. KUHLI, M.P.H.

Alfred M. Sadler, Jr., M.D. President, The American Registry of Physicians' Associates 333 Cedar Street New Haven, Connecticut 06510

Dear Fred

Your recent letter to Ralph Kuhli arrived in my office this morning for reply. Undoubtedly it was inadvertently delayed, what with the rather heavy travel schedule Ralph maintains.

You should know that we share your enthusiasm for the potential in the newly formed Association of Physicians' Assistants Programs. Thank you for the membership roster.

As you may have imagined, we have had some earlier letters from physician's assistant educators expressing their interest in helping with the conduct of the site-visit evaluations. In discussing this question during its early October meeting, the Joint Review Committee readily agreed to involving physician's assistants as members of site-visit teams. Since site-visit teams had been determined for the remainder of the year before the Committee's discussion, I will be involving physician's assistants in the site visits which are scheduled after the first of the year.

When I began working with the Joint Review Committee last June, they were concerned that the involvement of faculty and graduate physician's assistants in site visit evaluations might unnecessarily prejudice their evaluation of a given program, and particularly so if it were approaching the preparation of physician's assistants in a markedly different way from programs of their personal experience. I think it is fair to say that the Joint Review Committee members also felt that they themselves did not care to be involved in any of the early site-visit evaluations for

fear that such involvement might accentuate the effect of some of their personal biases. As a result of having reviewed 25 on-site evaluation reports and program applications, the Committee members no longer have this particular reservation, and are being scheduled for site visit involvement. The same attitudes pertain essentially to physician assistant program administrators and faculty, and they too will be involved in future evaluation effort.

If you have any particular questions about the above, please let me hear from you. Would enjoy seeing you here again, whenever you have some time in Chicago. I seldom find myself in New Haven.

Cordially .

L. M. Detmer

LMD/ac

cc: Dr. Douglas Fenderson

Mr. Nicholas Griffin

Mr. Ralph Kuhli

Dr. Malcolm L.Peterson

# Yale University

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PHYSICIAN'S ASSOCIATE PROGRAM Department of Surgery 333 Cedar Street New Haven, Connecticut 06510 Telephone: (203) 436–4900 ALFRED M. SADLER, JR., M.D., Director PAUL F. MOSON, P.A., Exec. Director BLAIR L. SADLER, J.D., Comnsel CHARLES A. HEIKKINEN, ED.M. ANN A. BLISS, R.N., A.C.S.W.

December 4, 1972

Dr. Sidney Marland
Assistant Secretary for Education
Department of Health, Education, and Welfare
Washington, D.C. 20202

Dear Dr. Marland:

I am writing to you on behalf of the Association of Physician Assistant Programs of which I am president. The Association is a relatively new organization and was formally established in Atlanta, Georgia, at a meeting of physician assistant program directors in September, 1972. The organization is an outgrowth of the pre-existing American Registry of Physicians' Associates which was established as an incorporated body in 1969. Since that time, it has been registering both physician assistant programs and graduates of approved programs, and has served as a major resource of expertise in the training of PA's.

The Association of Physician Assistant Programs now includes sixteen member programs (see attached). The Association developed out of the urgent need for program leaders to meet and discuss such important matters as admissions policies, degree credentials, curricula, evaluation of students, and placement of graduates. At our most recent meeting on November 10th in Washington, D.C., we completed by-laws and developed plans for future directions.

It is our intention to expand the membership of the organization to include all of the existing mid-level health professional programs however named. This would include Medex programs and most likely nurse practitioners as well as those traditionally entitled physician assistant. As you are probably aware, the number of PA programs and PA program graduates is expanding very rapidly. The Bureau of Health Manpower Education of the National Institutes of Health has recently funded forty-one PA programs with an estimated student enrollment of 1,450. Thus, a large number of PA's variously trained will soon be on the health scene. We intend to work together as programs to help to bring adequate standards of education and training to this very rapidly evolving field.

At our meetings we have had representatives of the American Medical Association, the Association of American Medical Colleges, and the Department of Health, Education, and Welfare, among others. We plan to be as interactive as possible with all other organizations involved in the education of health personnel. We are establishing an advisory committee at this time and plan to include members from those organizations and others including nursing.

Recognizing the importance of cooperation among existing organizations in health care, we are concerned about present accreditation procedures for physician assistant programs. The American Medical Association has prepared essentials for training programs for the Assistant to the Primary Care Physician. This was completed in December, 1971. Already many site visits have been carried out and accreditation proposals have been accepted from a number of programs, some of which have been approved. The site visit teams have rarely contained input from PA programs or from the PA profession. We consider this to be a major defect in the evaluation process. Although the AMA has had the input of major physician specialty groups such as the American College of Physicians, the American Society of Internal Medicine, the American Academy of Pediatrics, and the American Academy of Family Physicians, physician assistant programs or graduate PA's have not been represented in the approval process.

We wish to explore ways in which the accreditation process can be expanded to include representatives from the Association of Physician Assistant Programs as well as the physician assistant profession itself. This is not to say that we do not welcome input from the American Medical Association. But it is the unanimous consensus of our Association members that the AMA should not be the sole arbiter of excellence in PA training.

We propose 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. This type of representation would closely parallel the Liaison Committees which have been established recently for undergraduate medical education, graduate medical education, and continuing medical education.

We look forward to hearing from you regarding this most important matter and would be happy to meet with you in Washington to discuss these issues at greater length.

With best wishes.

Sincerely yours,

Office on Sadler Jr., M.D.

Assistant Professor

AMS:mbg Enclosure

cc: Dr. John Ottina Mr. John Proffitt

## TAB A (Att. 1)

## Members, Ad Hoc Advisory Committee on the Physician's Assistant

### 1. Organization Representatives

## AMA Council on Health Manpower (3 representatives)

Francis C. Coleman, M.D., Chairman 4600 North Habana Avenue Suite 23 Tampa, Florida 33614

Frank A. Riddick, Jr., M.D. Vice Chairman 1514 Jefferson Highway New Orleans, Louisiana 70121

John B. Dillon, M.D. U.C.L.A. School of Medicine Los Angeles, California 90024

## Council on Medical Education (2 representatives)

Joseph M. White Jr., M.D. University of Texas Medical Branch Galveston, Texas 77550

Additional representative yet to be designated

## American Academy of Family Physicians (1 representative)

William Stewart, M.D.
Department of Family Practice
School of Medicine
Southern Illinois University
320 North Ninth Street
Springfield, Illinois 62708

## Association of American Medical Colleges (1 representive)

Thomas Kinney, M.D.
Director, Medical and Allied Health Education
Duke University School of Medicine
Durham, North Carolina 27710

## Federation of State Medical Boards of the United States (1 representative)

Ray L. Casterline, M.D. #3 Myrtle Street Nedford, Oregon 97501

### National Board of Medical Examiners (2 representatives)

John P. Hubbard, M.D. President & Director National Board of Medical Examiners 3930 Chestnut Street Philadelphia, Pennsylvania 19104

Frederick T. Merchant, M.D. 1051 Harding Memorial Parkway Doctors Park Marion, Ohio 43302

### 2. Individuals

Evelyn Cohelan, R.N., Ed.D.
Professor and Associate Dean for Graduate Studies
School of Nursing
University of Maryland
655 West Lombard Street
Baltimore, Maryland 21201

J. Elliott Dixon, M.D. Dixon Medical Center, Inc. 215 East Second Street Ayden, North Carolina 28513

Neil J. Elgee, M.D. 702 Summit Avenue Seattle, Washington 98104

Weldon G. Kolb, M.D. Medical & Surgical Clinic Associates 421 South Oak La Marque, Texas 77568

## Consultants

Colonel Burt Rowen, USAF (MC) Commander School of Health Care Science Sheppard AFB, Texas 76311

Commander Charles L. Gaudry, MC USN Officer-in-Charge, Navel Section Physician Assistant Program School of Health Care Sciences (MSDM) Sheppard AFB, Texas 76311 Colonel Henry A. Robinson, MC USA Course Director Physician's Assistant Program Medical Field Service School Fort Sam Houston, Texas 78234

### 4. American Medical Association Staff

Bernard P. Harrison, Director Division of Medical Practice

Nicholas M. Griffin, Acting Director Department of Health Manpower

John J. Naughton, Research Associate Department of Health Manpower

### 5. Guest

Alfred M. Sadler, Jr. M.D., Director Physician's Associate Program Yale University School of Medicine Department of Surgery 333 Cedar Street New Haven, Connecticut 06510

November 22, 1972

Malcolm Todd, M.D. Chairman, Council on Health Manpower American Medical Association 535 North Dearborn Street Chicago, Illinois 60610

Dear Mac:

It was a pleasure to meet with you and the adhoc Advisory Committee on the Physician's Assistant of the American Medical Association on November 15, 1972. Certainly, there are many important issues effecting the future of the physician's assistant which need to be addressed, and I am pleased that the American Medical Association is actively doing so.

I was pleased that the adhoc Committee will invite Mr. Thomas Godkins, representing the American Academy of Physician's Associates to the next meeting. He and I look forward to attending this session which we understand will be sometime in January, 1973.

With best wishes.

Sincerely,

Alfred M. Sadler, Jr., M.D. Assistant Professor

AMS:jsc

cc. Mr. Nicholas Griffin