

# 1977 Annual Report

American Academy of Physicians' Assistants

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American Academy of Physicians' Assistants



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# The President's Statement

This has been a year of accelerated growth and visibility for the American Academy of Physicians' Assistants. It has been a year in which our organization has been able to project the vitality of its membership. Since a detailed report of this year's activities is available in *The PA Journal* here I will briefly review some of the accomplishments of this 1976/77 year.

Membership has increased by 100% making us, without a question, truly representative of the physician assistant profession. As a result we have been able to add many new services and benefits for the membership.

During this year the budget more than doubled that of last year. Much of this increase was made possible through the dedicated efforts of committee and staff members seeking outside funding. The effectiveness of our national office staff has dramatically improved and we are now in our new headquarters with space which allows the staff to efficiently handle an ever growing work load. The Academy took a giant step forward this year in strengthening its visibility on the state level by conducting the first constituent chapter officers workshop. The majority of states are now organized as constituent chapters which makes it possible this year for the first time to conduct a charter House of Delegates at the annual meeting in Houston, Texas and hold meaningful and productive sessions with each chartered constituent chapter participating through their delegates. Our publication efforts are now under study by professionals and by the time this report is in your hand we will have a program under way to increase our visibility and promote greater understanding of our profession throughout the country.

A liaison relationship has been established with the Joint Commission on Accreditation of Hospitals to insure proper utilization of physician assistants in the institutions they accredit. The American

Medical Association along with the other members of the Joint Review Committee on Educational Programs for Physician Assistants have agreed this year to review the "essentials of an approved educational program for the assistant to the primary care physician" so we might contribute to the strength of existing and future PA programs.

The Academy's activities this year in the area of continuing medical education have been broader in scope and responsiveness to membership needs. The growth of our CME program has been positive and productive with the result of greater service to our membership and an emulation of our program by similar organizations recording continuing education credits for their membership. The CME logging and reporting mechanism is functioning at a remarkable level of efficiency considering the fact that it was nonexistent a year ago. Our journal too continues to improve and carries timely, pertinent articles of interest to the practicing PA.

The Academy's efforts in addressing the inequities of the Medicare third party reimbursement have been never ceasing. We are closer than ever to resolving this problem which I believe will be a major milestone in the maturity of our profession. Many problems have yet to be addressed but I feel confident that through the continuing support of the practicing physician assistant, there is no problem insurmountable to this profession.

An enormous amount of time and effort is required to serve in the leadership role of the Academy and this is of great concern to me. I will continue to make every effort to resolve this problem in a manner which will allow full participation by any member having a desire to serve the Academy. I believe that if we are to maintain our position of being truly representative of the practicing physician assistant and if we are to continue with our same vigor and vitality, it is mandatory that such dedicated individuals remain in leadership positions or we will

only project the views of certain self-interest groups within the organization and ignore the needs of the majority of our membership.

In reality, the full credit for the achievements of this year go to those who deserve it most—an excellent Board of Directors, a dedicated and loyal membership, and one of the most versatile and knowledgeable staffs employed by any professional organization in the country. Personally, this has been a year of great honor. It has been as rewarding as it has been challenging. During my term in office I have tried to answer all letters from the membership and have involved any of those who have come forward offering to serve in the Academy. I look forward to the coming year with bright hope to an even more productive year under the leadership of the Academy's next president. It is a pleasure for me to leave with you a closing thought that has become truer with the passing of each year—*Individually we are physician assistants, together we are a profession.*

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Roger G. Whittaker, P.A.-C.  
President

The year 1976 was an exciting one for the Academy. As an organization we experienced unprecedented growth, progress, and achievement. It has been a year of continuing maturity and greater visibility with Academy representatives making more appearances before state and national legislative committees, as well as professional and civic groups than in any other year. For the national office this year has been marked by increased efficiency and greater visibility as we better defined and enlarged upon our scope of activities. This, I believe, resulted in better service to you, the members, thereby augmenting the outstanding work that has been done by your Board of Directors.

Several new and expanded programs and activities have highlighted this year's progress. Specifically the Academy's staff in carrying out the goals and objectives of the American Academy of Physicians' Assistants had their major thrust in four primary areas, each of which is delineated in this report. As you evaluate these programs and activities I believe you will be justifiably proud of how your Academy is working to effectively increase your input in designing and implementing these programs and activities, making the Academy a truly responsive, responsible voice for the physician assistant profession.

As we continue to work together to achieve common goals and objectives your Academy will remain ready to face the future with confidence—confidence in our organizational structure, confidence in the dedication of our membership, and confidence in the ideals we stand for. There is much to be done but the Academy has prepared itself to deal with the challenges that lie ahead.

I personally look back over the experience I have had as your Executive Director and am very proud to have shared these years with you. As always, your comments and suggestions on the following are genuinely solicited.

# The Executive Director's Statement

# Office & Financial Management

This section provides a basic overview of the Academy's financial structure and office management during the past year and offers some comparisons that will lend a significant historical perspective as well. Once again AAPA has experienced unprecedented growth. Financial planning and fiscal controls are more critical during accelerated growth than at any other time, as the increasing demands of the membership, and the committee structure that serves it, consistently exceed the capacity of normal funding sources. Fulfillment of goals in terms of accomplishing programmed activities is therefore contingent upon the Academy's ability to identify new sources of funds and to manage all funds in such a way as to gain maximum advantage therefrom.

## Financial Management

In 1976 the completion date of the initial three-year grant to establish a national office for the physician assistant profession was reached. In order to sustain the national office's financial base for the future, staff have had to work closely with our members and Board of Directors of both the Academy and the Association of Physician Assistant Programs to control spending and to secure additional sources of support in the years ahead. This fiscal control has been successful.

Since the summer of 1974 the Academy has increased its dues to graduate members twice, with dues initially set at \$30 per year, and now constant at \$60 annually. The Academy has also received federal contracts which provide in excess of \$870,000 for the period of July 1, 1975, to June 30, 1979. In addition, the Academy's membership has increased almost seven fold since the summer of 1974.

The Association has further contributed toward the establishment of a firm financial base for the next few years by increasing its membership dues from \$100 to \$250 per year, an increase of one hundred and fifty percent (150%) in this last year. Additionally, the Association has secured a Robert Wood Johnson Foundation grant which provides \$250,000 for the period of July 1, 1976, to June 30, 1979, for the establishment of a Research and Development Division within the national office.

It appears that the start-up grants from Robert Wood Johnson, Ittleson Family, and van Ameringen Foundations were successful in their intended purpose. Income to the joint National Office has increased from \$117,098 in fiscal year 1974 to \$694,907 in fiscal year 1976, and a projected income of \$885,662 in fiscal year 1977. Concurrent with the increase in income has been a parallel increase in activities and services of both these organizations.

Also occurring during this reporting period was complete revision of the Academy's accounting system from a simple cash method to a much more accurate and sophisticated accrual system. This new system, designed specifically to handle our increased financial operation efficiently, expedites audits, reviews, and the Academy's everyday operation.

Further advances include arrangements for an outside CPA firm to audit Academy records on an annual basis at the end of each fiscal year. The first audit will begin this July just after the June 30 closing. These audits are made annually to assure the membership of the Academy, contributing foundations, and others that their funds are being accounted for according to proper standards.

The December 31, 1976 balance sheet and notes to the financial statements of the American Academy of Physicians' Assistants appear on the following pages.



## American Academy of Physicians' Assistants

## Balance Sheet

At December 31, 1976 (Unaudited)  
Six Month Statement (see note 2)

## Assets

## Current Assets

Cash on Hand and in Banks

Cash in Bank—General \$ 32,798.31

Cash in Bank—Conference 9,378.24

Cash in Savings Accounts 1,677.79

Total \$ 43,854.34

Accounts Receivable 10,309.00

Dues Receivable (See Footnotes 1B &amp; 3) 171,440.00

Other Prepaid Expenses 436.00

Total Current Assets \$ 226,039.34

Total Assets \$ 226,039.34

## Liabilities and Fund Reserves

## Liabilities

## Current Liabilities

Accounts Payable—General 3,934.07

Due to APAP 11,199.02

Total Current Liabilities 15,133.09

## Deferred Revenues

Prepaid Dues Income 204,112.30

(See Footnotes 1B &amp; 3)

Total Deferred Revenue \$ 204,112.30

Total Liabilities \$ 219,245.39

## Fund Reserves

Balance—Beginning of Year (2,488.39)

Net Revenues During Period 9,282.34Total Fund Reserves 6,793.95Total Liabilities and  
Fund Reserves \$ 226,039.34

## Notes to Financial Statement

December 31, 1976

1. *Summary of Significant Accounting Policies:*

A. Assets, liabilities, income, and expenses have been reported on a cash basis of accounting for tax reporting. For purposes of government contracts and other general accounting, the records are reflected on the accrual basis of accounting.

B. Dues Revenue is recognized as income on a monthly basis. Prepaid Dues Income, as shown under Deferred Income, represents the amount of dues which have been received to date, but not recognized as income.

2. The American Academy of Physicians' Assistants Fiscal Year commences on July 1 and ends on June 30.

3. Annual dues are for the year February 1 to January 31 for the American Academy of Physicians' Assistants. They were billed in December 1976 and set up as receivables with an offset to Deferred Revenues.

4. The American Academy of Physicians' Assistants and the Association of Physician Assistant Programs have entered into a five year lease, commencing September 1, 1976. Total liability under this lease amounts to \$123,687.32 at the rate of \$2,132.54 per month, commencing November 1, 1976.

The adjoining balance sheet reflects the financial status of the American Academy of Physicians' Assistants as of December 31, 1976, and is the most current statement. This unaudited statement was prepared by David M. Gruber and Company, the Academy's retained accounting firm. Audited statements are prepared at the end of each fiscal year ending June 30th. Such statements are not available with this report due to the change in fiscal year and accounting procedures (cash to accrual).

## Office Management

### Staff

Staff configuration, often taken for granted, is in reality a somewhat complex and often critical delineation of functional responsibility. Staff efficiency, to a great extent, will reflect the utility of responsibility distribution. In recent years the AAPA/APAP staff has grown significantly. In fiscal year 1974 our total staff was four. By mid 1975 we had grown to eight and today are at fifteen. During this growth period the staffing responsibilities became increasingly complex. Our basic "small association" configuration became less and less adequate. Today, as seen in the simplified organizational chart that follows, we have created a "management team" consisting of four key people representing broad functional areas (Public, Professional Relations and Publications; Research and Evaluation; Membership Services; and Convention Management). These in turn are divided into the various "staff" and "line" responsibilities, together comprising the functional configuration of your office's operation.



Basically the administrative functions of your national office are handled by myself with support from Mr. Walter Scott, Comptroller, and Ms. Martha Wilson, Executive Assistant. Legislative affairs, both state and national, are handled directly by the Executive Director. Ms. Wilson additionally serves as the Managing Editor for *The PA Journal*, prepares and edits the *National New Health Practitioner Program Bulletin*, coordinates all PA profession promotional publications as well as the Academy's newsletter and the Association's biweekly report. Ms. Ellen Barrett, Ms. Mary Hanna, and Mrs. Cindy Williams serve as support staff for the administrative functions. They are also responsible for the processing of all information related to the physician assistant profession in general. Mrs. Williams also serves as the office receptionist. In the area of Membership Services the staff includes Ms. Nancy Seaburg, Ms. Nancy McGowan, and Ms. Leslie Drake. Ms. Seaburg maintains the records on members, computer rosters, constituent chapters, and the House of Delegates. Ms. McGowan is responsible for the recording and reporting of continuing medical education, administrative responsibility for the Joint Review Committee on Accreditation of Physician Assistant Programs and other aspects of membership services. Ms. Drake is responsible for conference and meetings registration, the processing of AAFP Mini Courses and Self-Assessment Programs. She also serves as secretary for the Comptroller as well as assisting with related membership services.

Ms. Judy Light serves as the Director of Research and Evaluation. In this capacity she directs the Academy's HEW contracts and implements the Association's research grant from the Robert Wood Johnson Foundation. Assisting Ms. Light with these responsibilities are Research Associates Ted Kautzke, Ph.D., and Mary Jane Cain. Their activities include developing surveys, compiling and analyzing research data, and preparing the final reports. Mrs. Susan Hove and Mrs. Veronica

Marshall provide secretarial and administrative support for this division.

The Annual Conference is managed by Convention Manager James Bartow, PA-C who works closely with the Executive Director and Conference Planning Committee in planning and carrying out all physical and procedural aspects of AAPA/APAP conferences, conventions, workshops, etc.

#### **Office Move**

On September 1, 1976, the national office relocated in Crystal City at the National Center directly across from the Washington National Airport. This location provides the best access for visitors arriving at the airport while maintaining our easy access to other national associations, capitol hill, etc.

While every activity of the Academy offers a service to some degree for members, some have a more direct impact than others. This portion of the report will deal with those seven (7) principal activities impacting directly on members (Membership Growth; Publications and Mailings; Jewelry and National Employment Listing Service; Medical Liability Insurance and other Insurance Programs; Continuing Medical Education; Constituent Chapter Relations; and Conferences).

### **Membership Growth**

During 1976, the increase in Academy membership was substantial in that we averaged approximately one hundred and twenty (120) additional members each month. In addition, our membership retention following the recent dues billing for fiscal 1977 was excellent. We are currently averaging a renewal rate of approximately ninety (90) percent.

This membership increase and retention is significant for several reasons. First, with a steadily rising membership and a high annual retention rate we are truly representative of the physician assistant profession. Approximately two-thirds (2/3) of all physician assistants are members of the Academy. Secondly, because Academy members have always had a high quality of commitment to the profession and a dedication of service which has historically allowed us to exert an influence far beyond our numerical strength, this increase will enlarge this influence even more. Thirdly, since all costs are not directly related to membership, with every increase in the number of members there is a simultaneous increase in "new" money. This in turn allows your Academy to expand its services to you without any additional cost to you, the member. Although the list of positive effects increased membership has on this Academy is long, it is important to realize that our strength lies principally in the quality of commitment these

members bring to the Academy and not in mere numbers alone.

Related to membership growth and retention is the way in which your Academy handles its records. All information (i.e., name, address, social security number, year of graduation, program graduated from or attending, year of registration with NCCPA, total number of CME hours earned, current membership status) for physician assistants, members and non-members alike, is maintained on computers. This listing is clearly the most complete and accurate available.

During 1976 we were able to reduce the time necessary for placing new member demographic information on the computer as well as the time involved in the presenting of their certificates. Currently we are well below the sixty (60) day waiting period presently printed on our membership applications.

#### **Publications and Mailings**

Utilizing its publications, news releases, press conferences, and personal interviews, the Academy has created an increased awareness of the physician assistant profession and has shared its views with its members, state and federal representatives, other health professionals, and the public at large.

The *AAPA Newsletter* expanded this year to provide additional information to its members. Each issue carried news about continuing medical education opportunities and current data on certification requirements to ensure that members maintain their eligibility for recertification with the National Commission on Certification of Physician's Assistants and for continued membership in the Academy. The critical issues of federal physician assistant program funding, reimbursement for physician assistant services, and state legislation were surfaced in these bimonthly communications to keep the membership abreast of the latest developments in each area. Further,

the reporting of constituent chapter activities has become an effective mechanism for the sharing of activities and innovative ideas.

The editors of *The PA Journal* implemented substantial changes during the past year with respect to journal content and contributions. For the first year since its inception the journal did not depend upon reprint materials to provide support in the area of clinical articles and none appeared in the 1976 journal set. Interest in the quarterly has grown measurably as the number of articles per issue written by physician assistants increased. An indication of heightened interest by the readership is in the multiplication of letters and telephone calls received by the editors. Throughout the year additional members were sought for the editorial board to broaden its base for the review of manuscripts and books.

Recently your Board of Directors approved a resolution endorsing a new magazine called *Health Practitioner* as the official magazine of the Academy. This publication will address current issues affecting the physician assistant profession as well as provide clinical articles for the readers. Presently we are hoping to award Category I credit for PAs completing the CME quiz printed in each issue of *Health Practitioner*. This monthly magazine (starting in September 1977) we believe will be an Academy publication you will be proud of.

Throughout the year your Academy provided information packets consisting of brochures about the profession (accreditation of programs, certification, PA programs, state legislation, etc.) to hundreds of interested folks. This information service continues to provide your Academy with accessibility in both the lay and professional communities.

Finally, we have done many separate mailings to you, the members. In addition to the CIBA *Clinical Symposia*, CME program announcements and CME logging information, we have sent this year



several "emergency" mailings requesting your help and assistance with various legislative issues.

#### **Jewelry and National Employment Listing Service**

Our jewelry program established in 1975 continued steadily through 1976. Sales have not been high principally because we have not fully promoted this program. Presently staff are working to upgrade the quality and hopefully increase the popularity of Academy jewelry.

The National Employment Listing Service having undergone considerable service in 1975 did not do as well as was expected during this reporting period. A special task force from the Academy and Association has been appointed to review this program. We believe that following the Academy's marketing program scheduled for FY 1977, this service will increase greatly in popularity and usefulness for you, the member.

#### **Medical Liability Insurance**

The Academy's medical liability insurance program, underwritten by Lloyds of London, continued to be successful during 1976. As we embark upon our second year with Lloyds of London we are secure in our statement that no physician assistant has had a judgment rendered against him since the beginning of this concept (1965). The literature clearly supports our statement when a physician assistant is defined as a graduate of an accredited physician assistant program and/or one who is certified by the National Commission on Certification of Physician's Assistants. We are hopeful that as we continue to build a good record with Lloyds of London that we will be able to substantially reduce the premium costs for this important program.

Along the line of malpractice insurance are other insurance programs your Academy staff is anxious to have available to you. During 1976

staff prepared for committee review group insurance packages of high value and reasonable cost. If approved by the Membership Committee and Board of Directors, these additional programs will be made available to you during 1977.

#### **Continuing Medical Education**

The past year brought the implementation of the Academy's most sophisticated continuing education logging system as well as the implementation of a substantial research program on continuing medical education for physician assistants. In addition, during 1976 your Academy approved hundreds of continuing education programs for Category I. This program covered most if not all of the major areas of competence necessary for physician assistants in primary care and specialty practices. The quality of courses submitted have been outstanding and reflected strong support for the standards originally established by the Academy in 1973. Staff continues to provide an important role in the CME process, providing both administrative support and some initial screening for what has become an extensive continuing education effort. This effort in 1976 has made it possible for the Academy to become a leader in the continuing education field by offering substantive continuing education course evaluation and approval nationwide.

During this year your Academy promises to have available a catalogue of approved continuing educational courses for your use as well as several self assessment packages developed under contract with Curriculum Design Consultants, Inc. in North Carolina. First available in 1976, these programs have proved themselves to be quality self-assessment educational programs. It is our expectation that constituent chapters will continue to develop state and regional CME programs while the Academy will produce self-assessment programs for

your use at home. Through this truly symbiotic educational approach you should be able to both attend valuable, high quality educational programs and seminars while at the same time continue to assess your competence in varying clinical activities at your leisure.

#### **Constituent Chapter**

For many of us we will remember 1976 as the year the Academy went from an individual membership association to an individual membership and federated structure association. In the summer of 1976 the Academy chartered its first constituent chapter. Today there are presently thirty-four (34) chartered chapters with two (2) more currently pending approval.

Since the development of constituent chapters, the membership services department has constantly strived to maintain the best possible rapport with chapters. With the adoption of chapter comments in the Newsletter, the mailing of a biweekly report to chapter presidents, and with the development of our House of Delegates, communications have been steadily strengthened.

In November the Academy held its first Constituent Chapter Officer's Workshop. Under the sponsorship of the American Academy of Family Practice, we discussed such topics as: constituent chapter organization; planning and conducting CME programs; effective chapter public relations programs; the creation and management of legislative programs; membership services and recruitment; health systems agencies; and how to get membership involved in Academy activities. Since the success of this meeting was substantial, we plan to hold similar workshops on an annual basis.

#### **Annual Conference**

Once again in 1976 attendance at our annual meeting increased one

hundred (100) percent, from an attendance of more than seven hundred (700) persons in 1975 at Stouffers in St. Louis to an attendance of almost fifteen hundred (1500) persons in 1976 at the Atlanta Hilton. The number of exhibitors did not increase as markedly, only from twenty (20) to twenty-four (24), but as of this writing, we have sold forty-nine (49) exhibit spaces for this year's conference.

It continues to be encouraging that the annual meeting educational programs as well as the meetings as a whole have been so well received in recent years. With the complexities of your Annual Conference compounding dramatically, the scheduling logistics and staffing needs are increasing. In 1976 your Academy employed a conference manager to more effectively plan and coordinate all conference activities. As the plans evolve for this year's meeting, it appears to have the most comprehensive educational programs yet to be offered. This verifies the wisdom of the Conference Planning Committee and Continuing Medical Education Committee in ensuring that the Academy offers fine, quality plenary and educational programs serving the specific needs of the registrants.

Staff in cooperation with the Conference Planning Committee are already planning annual conferences through 1981. As evidenced by the preliminary program, the 1978 conference in Las Vegas will be a far-reaching, comprehensive meeting designed to address current issues and respond to the varied interests of the participants.

# Research and Evaluation

Another major accomplishment of 1976 was the establishment within the national office of a Division of Research and Evaluation. Partially funded through the awarding of a contract from the DHEW, HRA, Bureau of Health Manpower and from a Robert Wood Johnson Foundation grant, this Division's activities involve the gathering and disseminating of useful information on the PA profession.

In December 1976 the Academy's first DHEW contract, the Curriculum Resource Document, was completed and approved by the Project Officer. The final report consists of two volumes: Role Delineation and Curriculum Resource Guide. The Role Delineation describes the basic responsibilities of physician assistants. The major areas of practice described by the Role Delineation include:

- I. Establish Health Status Data Base.
  - A. Elicit a pertinent medical and psychosocial history.
  - B. Perform a physical examination as pertinent.
  - C. Order and/or perform diagnostic tests.
  - D. Record and transmit findings.
- II. Analyze Data Base to Formulate Management Plan.
  - A. Differentiate between normal and abnormal (including variations of normal) information contained in the data base.
  - B. Develop diagnostic impressions based upon data obtained.
  - C. Order more definitive tests.
  - D. Establish preliminary diagnosis of common primary care problems with physician guidance.
- III. Develop/Formulate Health Management Plan.
  - A. Confer with patient.
  - B. Confer with supervising physician as appropriate.

- C. Confer with patient's family as appropriate.
- D. Consult other professionals as appropriate.
- E. Use community resources.

IV. Implement and Monitor Health Management Plan.

- A. Apply established therapeutic practices to patient's problems.
- B. Implement management plan.
- C. Perform general preventive/screening/prenatal care.

V. Demonstrate Evidence of Attributes Essential to a Professional.

- A. Know and accept that the role of the physician assistant is limited.
- B. Establish effective interpersonal relationships with patients, professionals, and others.
- C. Maintain attributes and express attitudes essential to the role of a professional.
- D. Resist compromises in the practice of medicine when conflicting with personal ethics.

VI. Refer Patients as Necessary.

- A. Refer patients with problems beyond one's professional competencies to appropriate sources of care.
- B. Maintain relationship with patients referred.

VII. Prepare and Carry Out Strategies to Promote Acceptance of the Role Within the Professional/Patient Community.

- A. Explain role by actions and words to others.
- B. Display sensitivity to the partial overlapping and possible sharing of responsibilities with other health professionals.
- C. Use (formal and informal conflict resolution) techniques

including adjusting activities, fostering improved working relationships, helping behavior.

- D. Transmit reference materials to relevant professionals concerning physician assistant functions and utilization.
- E. Assess within the work group the behavior of individuals and group actions to facilitate problem solving or prevent problems from arising.
- F. Know and implement strategies useful in gaining acceptance of the role within the community.

VIII. Maintain Competency Through Continuing Medical Education.

- A. Engage in periodic review of professional skills (self-assessment).
- B. Devise program of CME activities based upon perceived needs.
- C. Acquire knowledge and skills essential to incorporating into practice proven new evaluation/treatment modalities.

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In June 1976 through the joint efforts of the Academy's CME Committee and the national office staff, the Academy was awarded its second contract from DHEW, Assuring the Competency of the Physician Assistant. Under the terms of this contract the Academy will:

1. Employ a consultant with expertise in survey methodology competency identification, and role delineation.
2. Establish a Working Committee which, in conjunction with the consultant selected and the Academy's staff, will complete the role delineation verification.

In selection of committee members, consideration has been given to

minority representation and to equality of women and men. The committee includes individuals representing:

- a. Faculty members of physician assistant programs
- b. Physicians and administrators of hospitals which employ physician assistants
- c. Physician assistants practicing at entry and advanced levels

The committee will contribute through appropriate methodology to the verification of the role delineation. Not more than one member of this committee was a committee member or consultant of the previous HRA contracts on role delineation and proficiency examination development efforts.

3. Design and carry out appropriate role delineation verification methodology.

The Academy will use the available results of the role delineation work completed under previous contract, and other pertinent sources of data and verification shall be conducted primarily through assessment of actual practice.

4. Prepare and submit a draft role delineation at the end of the 12th contract month.
5. Prepare and submit a draft final report on the role delineation verification of the entry-level generalist physician assistant at the end of the 12th contract month.
6. Prepare and submit a final comprehensive report three years from the



date of contract award. It shall be in lay language and ready for publication. The report will include, but is not limited to an introductory rationale for the work, a summary of the work and accomplishments, a statement of problems encountered and their solution, the verified role delineation (providing the major and specific responsibilities with inherent knowledge and skill competencies and the attributes requisite of the entry-level generalist physician assistant), and a discussion of the project effort.

The objectives of this contract represent a major undertaking by the Academy. In order to fulfill the terms of this three-year contract, the active participation of over 2,100 physician assistants will be necessary, as well as the establishment of three committees. An Advisory Committee has been created to provide advice and information to the project staff. The following organizations have been asked to name a representative: American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physicians' Assistants, American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, American Nurses' Association, American Society of Internal Medicine, Association of American Medical Colleges, Association of Physician Assistant Programs, Federation of State Medical Boards of the United States, the National Commission on Certification of Physician's Assistants and representatives of the two other committees.

A Working Committee has been established whose primary responsibilities center on verifying the role delineation and establishing position classifications for physician assistants. This committee consists of physician assistants and physicians who practice in a variety of settings. An Evaluation Committee has been established whose primary responsibilities center on designing a system of evaluation and

accreditation of physician assistant continuing education programs and making recommendations to the Academy's Committee on Continuing Education. The Project Staff, with appropriate consultants, will develop several self-assessment packages suitable for CME, processing 100 physician assistants through the University of Wisconsin's Individual Physician Profile and maintaining a roster of continuing education programs for physician assistants.

This contract, begun July 1, has already involved the participation of over 1,300 physician assistants. In January a checklist concerning the specific activities acquired during each individual's formal training was sent to all graduates of AMA approved training programs. Three hundred 1976 graduates have also been asked to participate in an intensive study of their activities as practitioners over the next two years. During April a checklist will be sent to them asking them to identify what activities they perform on-the-job. This group of 300 as well as another group of 600 practitioners who have been in practice at least two years, will be asked to fill out a similar checklist about their activities next year. This information will be used to verify the role delineation and establish position classifications for physician assistants.

Beginning last October, 100 physician assistants were randomly selected to participate in the Individual Physician Profile, a CME activity developed by the University of Wisconsin. During this year, the appropriateness of IPP for the physician assistant will be evaluated. Plans for the coming year include an extensive surveying of three hundred physician assistants and their supervising physician concerning their attendance at specific CME programs.

Through the combined efforts of the national office and the AAPA/APAP Research and Review Committee, the Association of Physician Assistant Programs received a grant from the Robert Wood Johnson Foundation to carry out within the national office's Division

of Research and Evaluation the following objectives:

- 1) identify problems related to new health practitioners (NHPs) which can best be answered by nationally coordinated studies involving a variety of programs and graduates;
- 2) design and implement studies related to parameters such as demography, distribution, utilization, role, function, curriculum, quality care, cost of training, economic aspects of utilization and selection criteria;
- 3) coordinate and expedite research activities related to NHPs;
- 4) provide rapid access to information gained from the above-mentioned research activities;
- 5) encourage the cooperation of individuals and programs being studied by coordinated studies and thereby reducing the duplication of research efforts.

It is hoped that in the years ahead this Division will also be able to disseminate information concerning all NHP-related studies through the development of annotated bibliographies and publications and to synthesize the results of these studies into a comprehensive annual report which will include recommendations and priorities useful to health planners and policy makers.

The Division's most public activity, in conjunction with the Research and Review Committee, has involved the design and mailing of a National Survey to physician assistants. The Division has attempted to identify and locate all physician assistants who are graduates of AMA-approved schools and/or have passed the national certification exam. Activities are presently underway to locate appropriate addresses for the approximately four hundred physician assistants whose surveys have been non-favorable.

Among the many purposes of this extensive surveying are: (1) to establish the Academy as the national center for demographic data on

physician assistants; (2) to collect and make available to individuals, state and national congressmen and senators, health planners, physician assistants, training programs, the most extensive and current information on physician assistants; and (3) to decrease the number of surveys to physician assistants by annually updating the data base and providing the information to other researchers.

The National Office is very cognizant of the personal nature of the questions asked in the survey and have, therefore, developed a system for maintaining confidentiality of information. The system includes the use of temporary personnel to open and code surveys, the assignment of an identification number to all data, the need for two separate computer systems to match any individual's responses with their name and address.

The results of the National Survey will be made available to all respondents as well as be published. Telephone interviews and/or a third mailing are presently being conducted to increase the response rate. So far the response rate for the survey has been very high and the support of both Academy and non-Academy members has been gratifying.

The Division is also involved in other activities such as establishing within the national office a library of all articles, published and unpublished, concerning physician assistants. These bibliographical references will be used to answer the many requests for information on research concerning physician assistants received by the national office.

The Research Division also assists many groups within the Academy prepare proposals and secure funding for other research activities important to the physician assistant profession. One such proposal submitted was developed by the Minority Affairs Committee concerning the utilization of minority NHPs in underserved areas.

# Representation

As in the past your Academy has continued to work with many other national medical organizations, some of which are in a formal liaison capacity. These continue to be the American Academy of Family Practice, the American College of Surgeons, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Group Practice Association, the National Board of Medical Examiners, the Federation of State Medical Boards of the United States, and the American Pharmaceutical Association, to name a few.

We continued to consolidate our gains as a profession in the past and once again strengthened our voice as the only recognized spokesman of physician assistants for the profession. One of the Academy's most intensive efforts in representation this year was in the area of state and national legislation. Members, officers, members of the Board of Directors, committee chairmen, and staff made special appearances before state legislative committees in behalf of the physician assistant concept in the states of Alaska, Illinois, Indiana, Louisiana, Michigan, Missouri, Montana, New Jersey, New York, and Ohio. The importance of these meetings cannot be underestimated in establishing appropriate state enabling legislation for physician assistants as well as appropriate and workable rules and regulations governing practice by physician assistants.

On the national level, we have been most interested in legislation which would provide Medicare reimbursement for services performed by physician assistants and the Health Professions Educational Assistance Act of 1976 (S.3239). We were quite successful with S.3239 in that in August 1976 it passed both the House and the Senate and was signed into law. Your Academy and the Association worked closely on that piece of legislation recommending to Congress the appropriate language for the law. Our efforts in gaining Medicare reimbursement

have not been as successful as earlier efforts in PA training monies; however, we have made considerable progress to date. As a result of our efforts and discussions with administrative policy-makers, numerous Congressional staffs, as well as senators and congressmen, several bills have been introduced thus far this year. We have testified before both House and Senate subcommittees concerned with reimbursement and congressional interest in Academy recommendations is evident. We must continue to be active in this area and remain ready and confident to face this issue in the year ahead.

We have represented APAP and AAPA at a conference and throughout the year in the development of a National Commission on Certification for Health Certifying Agencies. In addition, staff has served on the steering committee as vice-chairman for this activity to define the purpose and objectives of such a commission as well as to plan its organizational model and to establish its financial base.

The national office has increased its participation in the accreditation of physician assistant programs by assisting the Joint Review Committee on the Accreditation of Physician Assistant Programs in their administrative and secretarial tasks related to the preparation and follow-up on site visit team evaluations. The JRC expressed its appreciation in a recent meeting for the office's willingness to assist in those support functions since the AMA is no longer in a position to provide total staff support for JRC activities.

We have developed good relationships with both primary care medical and nursing organizations. Early in 1976 we participated with the American Nurses' Association and the Group Health Association in a conference for Health Maintenance Organization and other prepaid health group administrators. The purpose of the conference was to educate this group of administrators about the PA/nurse practitioner concepts in order to help them better understand how to more

effectively utilize these new health practitioners. Through the year we have visited the American Medical Association; the American Nurses' Association in Kansas City, Missouri and Washington, D.C.; the American Academy of Family Physicians, and others to discuss our mutual interests and complimentary roles in primary health care delivery.

Donald W. Fisher, Ph.D.  
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