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LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

July 30, 1970

Executive Council
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

TO: Drs. Thomas D. Kinney, H. Robert Cathcart, E. Harvey Estes,
Earle Chapman, Edmund D. Pelligrino, and John B. Dillon

FROM: Walter G. Rice, M.D., Acting Secretary, Liaison Committee on
Medical Education *WGR*

RE: Task Force on Physician's Assistants Programs

You have been asked to serve on the newly created Task Force on Physician's Assistants Programs under the auspices of the Liaison Committee on Medical Education, representing the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association.

The origin of the Task Force is the AAMC Council of Academic Societies' Task Force on Physician's Assistants Programs which was established at the November 2, 1969 Annual Business Meeting of the CAS. The Task Force was asked "to consider the role of these assistants and the need for standards for programs producing them and to make appropriate recommendations to the Council by February 5, 1970." Attached is the CAS Task Force Report which was accepted by the Executive Council of the CAS at the February 5 meeting, and subsequently by the Executive Council of the AAMC at its May 7 meeting and by the Liaison Committee on Medical Education at its March 15 meeting.

The Liaison Committee was asked to appoint a Task Force to study these programs further and to report back to the appropriate groups. The Executive Council of the AAMC has backed this action.

You will be contacted in the near future about the first meeting which is to be held prior to the next Liaison Committee meeting on October 7, 1970.

WGR:klk

cc: Miss Mary Littlemeyer
Mrs. Barbara Bucci

Dr. Marjorie Wilson

REPORT OF AAHC TASK FORCE ON PHYSICIAN'S ASSISTANT PROGRAMS

February 5, 1970

PREAMBLE:

The Task Force was formed by action of the Council of Academic Societies at its November 2, 1969 meeting. It was formed in response to the many questions, both expressed and anticipated, raised by the rapid growth of physician's assistant programs and in recognition of the opportunity for the Council to exert leadership in this new area of medical education. Because of the possible implications for the Council of Deans and the Council of Teaching Hospitals, a representative of each was appointed to the Task Force.

The Task Force was asked to consider the role of these assistants and the need for standards for programs producing them, and to make appropriate recommendations to the council by February 5, 1970.

The Task Force met on two occasions, January 9, 1970, and January 27, 1970, and the following report is a result of these deliberations. Representatives of the American Medical Association were invited to meet with the Task Force, and Mr. Ralph Kuhl and Dr. T. P. Zimmerman were present at and participated in its meetings. Dr. Cheves Smythe of the AAHC and Dr. John Fauser of the AMA also participated in the first meeting.

The group is aware of the great variety of questions raised by this new type of health manpower, many of which were not considered a part of the charge of this particular Task Force and are therefore not addressed in this report. Among the questions are:

- (a) The legal aspects of registration and/or control of individual assistants.
- (b) The relationship between these categories of assistants and the established, previously defined, health professions (nursing, physical therapy, laboratory technology, etc.).
- (c) The relationship between these individuals and physicians and/or medical institutions, such as hospitals, including methods of financial support after the training period and the manner of billing patients for their services.
- (d) The need for additional numbers within each of the previously defined, established manpower categories and for still other, yet unspecified, assistants within the broad limits of health care.

I. THE NEED:

- A. New types of assistants to the physician are necessary components of the health care team. The current output of medical schools, plus the output of new and expanded schools, will be insufficient to meet the health care needs of those segments of society now being served, while extending equivalent services to those segments now receiving little or no care.
- B. Even if sufficient expansion of physician output could be achieved to meet the total need for services, there is doubt that this would be a wise course, since certain tasks do not require the unique talents of the physician and may be more appropriately performed by those with less total training.
- C. The existing manpower categories (such as professional nurses and physical therapists) could assume many of these functions with added training but should not be considered as the sole or the

primary entry pathway into these new health professions. There are already shortages in nearly all of the existing health manpower categories, and insistence that new functions be assumed by members of these categories would severely limit the availability of new manpower for these purposes. A new primary pathway into the new category of physician's assistant would tend to open the range of health careers and would enhance the potential for recruitment of male candidates.

II. THE RESPONSIBILITY OF AAMC:

- A. While it is possible for assistants to the physician to be trained by an educational institution, such as a junior college, and a group of practicing physicians, it is less likely that an adequate combination of facilities, medical faculty and interest will be found outside the teaching hospitals and medical teaching institutions represented by the AAMC.
- B. As a part of its overall concern for the training of the physician, the AAMC should have an interest in any technique or system which will make his work more efficient or more effective. The utilization of well trained assistants is one such technique.
- C. As a part of its concern for the provision of high quality health care to all persons, the AAMC must become concerned with the proper training, proper function, and proper utilization of such personnel.
- D. As a part of its concern for medical students, the AAMC must promote the concept of an effective health care team as a means of extending the scope of services offered to patients by providing exposure to effective use of assistants at the medical school level.

III. RECOMMENDED ACTION:

- A. The AAMC should demonstrate leadership in the definition of the role and function of these new categories of health care personnel, in setting educational standards for programs producing them, and in considering the additional problems raised in the preamble.
- B. The AAMC should seek the counsel and the cooperation of other interested organizations and agencies as it moves ahead in the above task.
- C. The AAMC should work toward an accrediting agency as a means of effective accreditation and periodic review of programs producing such personnel. A joint liaison committee with the AHA, similar to the Joint Liaison Committee for Medical Education, is one suggested mechanism.

IV. GUIDELINES FOR DEFINITION OF FUNCTIONAL LEVELS OF ASSISTANTS.

- A. In view of the great variety of functions which might be assumed by assistants, the variety of circumstances in which these functions might be carried out, and the variety of skills and knowledge necessary to perform these functions, it is necessary to define several categories of assistants. These are defined primarily by their ability for making independent judgmental decisions. This, in turn, rests on breadth of medical knowledge and experience.
 1. Type A within this definition of an assistant to the physician is capable of approaching the patient, collecting historical and physical data, organizing the data, and presenting it in such a way that the physician can visualize the medical problem and determine the next appropriate diagnostic or therapeutic step. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordi-