

AMERICAN ASSOCIATION OF PHYSICIANS ASSISTANTS
2 PARK AVENUE, NEW YORK, N.Y. 10016, 212-889-5881

RESEARCH OFFICES

185 EAST 85 STREET
New York, N.Y. 10028

P.O. BOX 12

Harvey Cedars, N. J. 08008

1111 N. WEST SHORE BLVD
Tampa, Florida 33607

PAUL F. PALACE
Executive Director

FRANK NORTON, M.D.

President

SANFORD PINNA, M.D.

Chairman

April 7, 1972

Hastings K. Wright, M.D.
General
Yale U. School of Medicine
New Haven, Conn. 06510

Dear Dr. Wright:

The following is a rather long letter. But the subjects, we believe, may be of sufficient interest to you to invest five minutes of reading time. The subjects are:

1. Your participation on the AAPA Advisory Boards
2. National certification of Physician Assistants to identify types of experience and relative proficiencies

Help Guide AAPA

We invite you to join the Advisory Board of the American Association of Physicians Assistants. We hope you can participate in guiding the course of this new and much needed organization.

The American Association of Physicians Assistants (AAPA) represents the rapidly increasing number of physicians assistants evolving under the team concept for better health care delivery systems. Membership in the AAPA is also open to physicians who want closer professional contact with all aspects of the physicians assistants phenomenon.

Please note carefully that physicians and allied health educators who are interested in joining the AAPA Advisory Board are not in any way required to join the AAPA as members. This is entirely optional. We are concerned mainly with the contributions you can make serving on the Advisory Board.

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We, therefore, solicit your participation on the Advisory Board to guide the course and development of the AAPA in the ways it can best serve the physician and the health care team concept.

State Advisory Boards' Functions

The AAPA is a national organization with members and applicants in every state. We are now establishing AAPA Advisory Boards in every state. This will enable the State Advisory Board members to counsel and comment on matters that are peculiarly relative to their states as well as comment on and guide the national course of the AAPA.

The State Boards will consist of 10-25 members depending upon the population density and other related factors in each state. The number and make-up of panels for each Board is subject to change as recommended by each State Board.

The AAPA headquarters in New York will submit important questions, issues, subjects bearing on physicians and physicians assistants relationship, legislative matters, etc. to all Advisory Boards on simple forms which Advisory Board members can use to enter their comments and recommendations. They may expand their comments and thinking to whatever length they wish.

All of the information, opinions and comments, etc. thus gathered will be coordinated, summarized and distributed to all Advisory Board members by AAPA headquarters in New York.

As we can all appreciate, the resulting information will be extremely useful in guiding our day-to-day activities. The other important benefit is the national pattern on all matters relating to the physicians assistants phenomenon that will inevitably evolve from the exchange of information and experience among AAPA Advisory Boards. This national pattern, which is much needed even right now, can bring a substantial degree of order to the state of confusion that now exists on many aspects of the physician assistant concept at work.

National Certification Procedure

There is, for example, the important matter of Physicians Assistants certification. There is an urgent need now for a national certification procedure that defines and

grades the type of P.A. experience and proficiencies possessed by various physicians assistants. It will help the physician in the selection of P.A.s for specific needs.

This is one of the first subjects we want to submit to our Advisory Boards as a step toward the establishment of a national P.A. certification pattern. After many months of discussions among physicians and ourselves we have developed a relatively simple certification procedure. We are now using this method for certifying members according to their types of experience and proficiency. It is a national certification standard. It provides a uniform, national definition of types of physician assistancy experience and relative grades of proficiency.

The certification issued by the AAPA during 1972 is provisional and subject to review and change in 1973. The AAPA Advisory Boards will have had time to study, examine and recommend changes in the AAPA certification procedures and standards. Recommendations will be exchanged among Board members in every state. After this study and recommendation process the new certification procedures adopted will represent a truly national pattern based on the experiences and recommendation of Advisory Boards in every state and corner of the country.

The national AAPA will then present these new procedures at the next Annual Meeting in early 1973 for adoption and recommendation to all state legislative bodies as a guideline. It will also make them available to schools, hospitals and other allied authorized organizations. The Advisory Boards will also be asked for recommendations on whether the certification function should be performed by the AAPA in 1973 or transferred to other related bodies in the medical community.

Sincerely,

Paul F. Palace
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FFP/mr