

# Essentials of an Accredited Educational Program for the Assistant to the Primary Care Physician

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AMERICAN ACADEMY OF FAMILY PHYSICIANS  
AMERICAN ACADEMY OF PEDIATRICS  
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS  
AMERICAN COLLEGE OF PHYSICIANS  
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AMERICAN MEDICAL ASSOCIATION  
AMERICAN SOCIETY OF INTERNAL MEDICINE  
ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

Program Review Committee  
JOINT REVIEW COMMITTEE ON EDUCATIONAL PROGRAMS FOR PHYSICIANS ASSISTANT'S

## PREAMBLE

### OBJECTIVE

The education and health professions cooperate to establish and maintain minimum standards of appropriate quality for educational programs for the assistant to the primary care physician and to provide recognition for those programs which meet or exceed the standards outlined in these *Essentials*.

These *Essentials* are to be employed as minimal standards for the development and self-evaluation of programs educating the assistant to the primary care physician. Lists of accredited programs are published for the information of potential students, employers, and the public. Students enrolled in programs are taught to work with and under the direction of licensed registered physicians in providing health care services to patients.

### DESCRIPTION OF THE OCCUPATION

The assistant to the primary care physician\* is a skilled person, qualified by academic and clinical training, to provide patient services with and under the supervision of a doctor of medicine or osteopathy who is responsible for the performance of that assistant. The physician's assistant is also responsible for his/her own actions. The assistant may be involved with the patients of the physician in any medical setting in which the physician participates.

The functions of the assistant to the primary care physician include performing diagnostic, therapeutic and preventive activities and services to allow more effective use of the physician's knowledge, skills and abilities. While the physician remains responsible for the decisions relating to individual patient management, the assistant to the primary care physician is involved in the processes necessary to reach decisions and in the implementation of the therapeutic plan.

Intelligence, the ability to relate with people, capacity for calm and reasoned judgement in meeting emergencies, and a demonstration of commitment to the patient are qualities essential for the assistant to the primary care physician. An attitude of respect for the patient and confidentiality of the patient's record is necessary.

\*The generic term "assistant to the primary care physician" is used to encompass such titles as the physician's assistant, physician associate, medex, and child health associate.

Since the function of the primary care physician is interdisciplinary in nature such as family medicine, internal medicine, surgery, pediatrics, psychiatry, obstetrics/gynecology, and others, the assistant to the primary care physician should be educated to assist the physician in providing those varied medical services.

The ultimate role of the assistant to the primary care physician cannot be rigidly defined because of the variations in practice requirements due to geographic, political, economic, and sociologic factors. The high degree of responsibility an assistant to the primary care physician assumes requires that at the conclusion of the formal education process, the assistant possess the knowledge, skills and abilities necessary to providing those services appropriate for a primary care setting. These services should include, but need not be limited to the following:

1. Initially approaching a patient of any age group in any setting to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, and record and present pertinent data;
2. Performing and/or interpreting routine diagnostic studies including common laboratory procedures, common radiologic studies, electrocardiographic tracings, obtaining pap smears, and others;
3. Performing therapeutic procedures including but not limited to injections, immunizations, suturing and wound care, incision and drainage of superficial infections, cast application, and followup of simple fractures;
4. Instructing and counseling patients regarding physical and mental health including information relating to diet, disease prevention and therapy, normal growth and development, family planning, situational adjustment reactions, and others;
5. Assisting the physician in in-patient settings by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;
6. Assisting in the delivery of services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including reviewing and monitoring treatment and therapy plans;

7. Independently performing evaluation and therapeutic procedures when responding to life threatening situations; and

8. Facilitating the referral of patients and maintaining awareness of the community's health facilities, agencies, and resources.

## REQUIREMENTS FOR ACCREDITATION

### I. SPONSORSHIP

Educational programs may be established in

- Medical schools;
- Colleges and universities in affiliation with an accredited teaching hospital, which together are capable of providing the clinically oriented basic science education and the necessary clinical teaching and experience;
- Medical education facilities of the federal government and of other institutions with the ability to provide necessary clinically oriented basic science teaching and which have an active and defined affiliation with institutions actively engaged in providing the appropriate clinical teaching and experience.

All institutions must be accredited and have sufficient teaching faculty to insure adequate pre-clinical preparation for the assistant to the primary care physician.

### II. CLINICAL AFFILIATIONS

- The clinical phase of the educational program must be under competent medical direction. It should be conducted in part in a setting where primary care services are provided on a regular on-going basis.
- In programs where the academic instruction and clinical teaching are not provided by the same institution, accreditation shall be given to the institution responsible for the academic preparation (student selection, curriculum, academic credit, etc.), and the educational administrators shall be responsible for assuring that the activities assigned to the students in the clinical setting are educational.
- In the clinical teaching environment an effective ratio of students to physician instructors who are experienced in practice shall be maintained.

### III. FACILITIES

- Adequate classrooms, laboratories, and administrative offices should be provided.
- Appropriate modern equipment and supplies for practical experiences should be available in sufficient quantities.
- A library should be readily accessible and should contain an adequate supply of current medical and other scientific books, periodicals and other reference material related to the curriculum.

### IV. FINANCES

- Financial resources for continued operation of the educational program should be assured for each class of students enrolled.
- The institution shall charge student fees commensurate with the setting. Cost to the student shall be accurately stated and published. Also, policies and procedures for refunds of tuitions and fees shall be fair, published and made known to all applicants.
- Announcements and advertising must accurately reflect the program offered and be appropriate to an educational institution.
- Students shall use their scheduled time for educational experience. The program shall not substitute students for paid personnel to conduct the operation of a clinical facility.

### V. FACULTY

#### A. Program Director

- The program director should meet all requirements specified by the institution responsible for providing the didactic portion of the educational program and maintaining the operation of the overall program.
- The program director should be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program.

#### B. Medical Director

- The medical director should provide continuous competent medical direction for the clinical instruction and for clinical relationships with other educational programs. The medical director should actively elicit the understanding and support of practicing physicians.
- The medical director should be a physician experienced in the delivery of the type of health care services for which the student is being trained.
- The medical director may also be the program director.
- If there is a change in the program or medical director, prompt notification should be sent to the Department of Allied Health Evaluation of the AMA. The curriculum vitae of the new director, including details pertinent to the individual's training, education, and experience must be submitted. The Department of Allied Health Evaluation should be similarly notified about any acting director serving on an interim basis before identification of a permanent director.

#### C. Administrative Staff

The program must have an adequate administrative staff.

#### D. Instructional Staff

- The faculty must be qualified through academic preparation and experience, to teach assigned subjects. This necessitates teaching ability as well as clinical experience. There must be adequate numbers of faculty to teach assigned subjects.
- Faculty for the clinical portion of the educational program must include physicians and may include assistants to the primary care physician and other health professionals who are experienced in the provision of patient care services. Because of the unique characteristics of the assistant to the primary care physician, it is necessary that the preponderance of clinical teaching be conducted by physicians experienced in practice.

#### E. Advisory Committee

An advisory committee should be appointed to advise the program in continuing program development and evaluation. For maximum effectiveness, the advisory committee should include representation from the primary institutions involved, the program administration, organized medicine, community based physicians, assistants to the primary care physician, students, the public and other appropriate groups.

### VI. STUDENTS

#### A. Selection

- Selection of students should be made by a designated admissions committee of which the members include

adequate representation of those responsible for the various phases of the program. All admissions data should be on file in the institution responsible for the administration of the program.

2. Selection procedures must include an analysis of previous performance and experience and should accommodate candidates with a health related background and should give credit to the knowledge, skills, and abilities they possess. Potential to develop the interpersonal skills necessary to perform the role as defined by the "Description of the Occupation" should be considered in the selection process.

#### B. Health

Students should be required to submit evidence of good health essential to participating in the program, so that they will not endanger other students or the public, including patients.

#### C. Number

The number of students enrolled in each class should be commensurate with effective learning and teaching opportunities, should be consistent with acceptable student-teacher ratios, and should be compatible with demonstrated instructional needs.

#### D. Counseling

An active student guidance and placement service should be available.

#### E. Related Policy

Criteria for completion of each segment of the curriculum and for graduation shall be given in advance to each student, as well as the policies and procedures for dismissal and withdrawal.

#### F. Student Identification

Students enrolled in the educational program must clearly be identified to distinguish them from physicians, medical students, and other health occupations students and graduates.

### VII. RECORDS

Satisfactory records should be maintained for all assignments undertaken by the student while enrolled in the program. The academic institution should be responsible for all records.

#### A. Student Records

Credentials used for admission, reports of medical examination upon admission and records of any subsequent illness during training, records of class and laboratory participation, and academic and clinical achievements of each student should be maintained in accordance with the requirements of the institution.

#### B. Curriculum

1. A synopsis of the current curriculum should be kept on file.
2. The synopsis should include the rotation of assignments, the outline of the instructions supplied, and lists of multimedia instructional aids used to augment the experience of the student.
3. Written objectives of each course should be maintained and available to the students and instructors.

#### C. Activity

1. A satisfactory record system shall be provided for all student performance.
2. Practical and written examinations should be continually evaluated.

3. The records should be reviewed periodically with the student.
4. The program should document an effective self-evaluation process.

### VIII. CURRICULUM

A. The length of educational programs for the assistant to the primary care physician may vary. The length of time individuals spend in training may also vary on the basis of the student's background based on previously acquired education, experience, knowledge, skills and ability, and ability to perform the processes, tasks, functions and duties implied in the "Description of the Occupation."

B. Instruction, tailored to meet the student's needs, should follow a planned outline and should include

1. Assignment of appropriate instructional materials
2. Classroom and laboratory presentations, discussion and demonstrations
3. Supervised practice discussion
4. Examinations, tests, quizzes—practical, written and oral—for the preclinical and clinical portions of the educational program.

C. General courses and topics of study, both preclinical and clinical should include the following:

1. General courses and topics of study must be directed toward providing the graduates with necessary knowledge, skills, and abilities to accurately and reliably perform tasks, functions, processes, and duties implied in the "Description of the Occupation."
2. Instruction should be sufficiently comprehensive to provide the student with understanding of physical and mental problems experienced both by the ambulatory and institutionalized patient. Attention should be given to preventive medicine and principles of public health as well as to social and economic aspects of health care. Instruction should stress the role of the assistant to the primary care physician as it relates to health maintenance and comprehensive health and medical care. Throughout, the student should be encouraged to develop basic intellectual, ethical and moral attitudes and principles essential for gaining and maintaining the trust of professional associates, the support of the community, and the confidence of the patient.
3. An ambulatory care teaching facility such as the family practice centers used by family practice residency programs should be incorporated where feasible so medical students, house staff, and student assistants to the primary care physician can jointly share educational experiences in an atmosphere that reflects and encourages the actual practice of primary medical care.

### IX. PUBLICATION

An official publication including a description of the program should be available. It should include information regarding the organization of the program, a brief description of the required courses, the names and academic ranks of principal faculty members, entrance requirements, tuition fees and other anticipated costs, and information pertaining to the hospitals and other facilities used in the course of training. It must reflect accurately the program offered and career expectations.

## ADMINISTRATION OF ACCREDITATION

### ACCREDITATION

1. The application requesting program accreditation must be initiated with the express consent of the chief administra-

tor or officially designated representative of the institution.

2. The program may withdraw its request for initial accredi-

tation at any time prior to final action. The Committee on Allied Health Education and Accreditation (CAHEA) and the collaborating organizations may withdraw accreditation whenever:

- a. The educational program is not maintained in accordance with the standards outlined above;
- b. No students are enrolled in the program for two consecutive years.

Accreditation is withdrawn only after advance notice has been given to the director of the program that such action is contemplated, including a statement of reasons therefore, and after sufficient time to permit response through the established procedure for appeal and review.

### 3. Evaluation

- a. The director of the program and the chief administrators of the institution being evaluated are given an opportunity to review and respond to the report prepared by the visiting survey team before final action is taken.
- b. At the request of the chief administrator of the institution, a reevaluation may be made. Adverse decisions may be appealed in writing to the Committee on Allied Health Education and Accreditation.

### 4. Self Evaluation

The program must demonstrate evidence of ongoing self evaluation. Mechanisms for making changes based on the process should be defined.

### 5. Reports

An Annual Report must be submitted to the Committee on Allied Health Education and Accreditation and the collaborating organizations on the form supplied to the program by the AMA Department of Allied Health Evaluation.

### 6. Reevaluation

The collaborating organizations will periodically reevaluate and provide consultation to educational programs.

## APPLICATIONS AND INQUIRIES

Applications for program accreditation should be directed to:

Department of Allied Health Evaluation  
American Medical Association  
535 N Dearborn St  
Chicago, IL 60610

