

JOB DESCRIPTION AND LICENSING

*for physician's assistant*

Most professional educators, and most of the planners in the health field, have been critical of the Duke program for training the physician's assistant because we have avoided a detailed job description and because we have proceeded with the program without any provision for licensing the physician's assistant.

It is difficult to be right all the time, and this is one of the times when the experts were wrong. I will present the argument for the Duke position.

The medical profession has never had assistance in the care of patients from a group of career-dedicated men selected, trained and paid by doctors. Selling assistants to doctors had many of the aspects of selling bathtubs in a country which never had plumbing. What do you do with bathtubs? Similarly, what do you do with assistants?

The doctor is trained for the medicine of today and the medicine of tomorrow. A large part of the educational program is directed toward giving the doctor a background which will allow him to adapt to changing society and to changing technology. Only a part of his education is related to the medicine of today. A large part of the problems of today can be handled by an assistant. The doctor without experience in the use of assistants will always underestimate what the assistant can do well.

We did not want a rigid job description. We wanted to produce capable and flexible assistants who could work with doctors. On the basis of this new experience, we could eventually write reasonable job descriptions.

Most professionals in the field have emphasized the desirability of setting up some form of licensing the P.A. I have had little enthusiasm for this because the license at the present time would result in low performance and income ceilings.

If the P.A. works closely with a doctor or group of doctors, he can increase his area of competence each year. Doctors have spent many years in educational institutions. The senior residents on my service have spent more time in college, medical school and graduate school than have the instructors teaching my children in college. The doctor in practice, with this long commitment to education, has no one to teach. He does not have the time to teach green manpower who turn over each year. He can teach his own assistants who, as they increase their proficiency, can return time to his day.

I believe the medical centers producing the P.A. should be licensed. They should have the power to amend the P.A. certificate, after proper examination, to cover new areas of competence attained by learning from the doctor in practice. If the doctor in practice should not wish to teach the new skills to the P.A., he could send the P.A. back to the medical center for further training.

In this frame of reference, the P.A. has no ceiling on his activities except that they be performed under supervision of a doctor. The P.A. is structured as a dependent component of the doctor's health team. His independence should lie in the opportunity to evolve into a doctor. Medical schools will learn that skill in the medicine of today can be mastered before the general education and scientific preparation of the doctor is complete. If the P.A. can qualify for medical school, he should be given due credit for his clinical preparation. This would shorten the medical school course by two years.

- Eugene A. Stead, Jr., M.D.