

AGENDA
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES

Thursday, February 5, 1970
8:00 P.M.

AAMC Suite, Palmer House
Chicago, Illinois

1. Minutes of December 17, 1969 meeting
2. Copy of program for February 5, 1970 meeting
3. List of those expected to attend
4. Membership of Biomedical Research Policy and Bylaws Committees
5. Report of Committee on Physician's Assistants

MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
December 17, 1969

Cosmos Club
Washington, D.C.

Present: Committee Members
Daniel C. Tosteson, Chairman (Presiding)
Sam L. Clark, Jr.
Patrick Fitzgerald
Thomas D. Kinney
Jonathan E. Rhoads
James V. Warren
William P. Weil, Jr.

Staff Member
Cheves McC. Smythe

Absent: Committee Members
Harry A. Feldman
John I. Nurnberger

The minutes of the November 28, 1969 meeting were approved as circulated.

Drs. Tosteson and Smythe gave a brief account of the meeting of the elected officers of the Association's Councils and senior staff members at Quail Roost, North Carolina, December 5-6, 1969. After discussion, the consensus reached by the CAS Executive Committee is summarized as follows:

1. The Association should pursue these programs relating to the federal support of medical education it has to pursue and attempt to preserve its 501C3 (non-profit organization) status if it can. The Association should also explore the advisability of converting itself to a 501C6 organization status and set up a parallel 501C3 organization.
2. Any large-scale studies on financing medical education should be approached cautiously.
3. Any commitment on universal health insurance should only be made after careful study of details relating to support of educational programs within and without the medical schools including the needs of the practicing physicians.
4. Decreasing emphasis in the general area of international medical education was supported.
5. Considerable discussion of the form student representation in the Association might take led to the conclusion that full Council status was not desirable.

Most of the balance of the meeting turned around the program for the February 6, 1970 CAS meeting on medical research. Dr. Kinney re-emphasized the need to get maximum involvement from chairmen's groups. He felt that all of these societies should be urged to meet in conjunction with AAMC meetings in the fall. Dr. Rhoads felt the meeting should be relatively open. There was discussion of a proper title for the meeting. One suggestion was "Biomedical Scientists' Responsibility for National Policy for Research Support." It was concluded that provisions should be made for approximately 150-200 persons. The schoolroom-style meeting suggested by Dr. Kinney was supported. Drs. Tosteson, Cooper, Berliner, and Endicott, and Mr. William Carey will be invited to speak.

Dr. Tosteson also emphasized the necessity to mount a program relative to health manpower and the relation of various curricula to the roles those leaving educational programs are expected to assume. He also stressed the need to develop additional on-going programs in the area of medical manpower, particularly in the sensitive area of physician manpower. This led into a discussion of the committee structure of the Council. It was concluded that the following were clearly indicated:

- Executive Committee
- Standing Committee on Graduate Medical Education
- Task Force on Physician's Assistants
- Bylaws Committee
- Biomedical Research Committee

When the Executive Committee discussed biomedical education, the possibility of the following, more complex, structure was introduced:

An overall Committee on Education of Health Manpower (Manpower Committee), and under it, four subcommittees:

- Subcommittee on Undergraduate Medical Education (the Liaison Committee or some equivalent of it)

- Subcommittee on Graduate Medical Education

- Subcommittee on Physician's Assistants

- Subcommittee on Technology, Curricula, and Educational Content.

It was suggested that John Beck might be added to the Graduate Medical Education Committee; that the Task Force on Physician's Assistants might be strengthened by someone concerned with pediatric assistants and obstetrical assistants, as well as a nurse; that Dr. Clark serve as Chairman of the Bylaws Committee; and that Dr. Welt serve as Chairman of the Committee on Biomedical Research. Additional possible members for this committee include Dr. Don Fawcett of Harvard and Dr. David Whitlock of Colorado.

The Executive Committee agreed to meet again at 8:00 p.m. on Thursday, February 5, in Chicago, Illinois.

At this time the meeting adjourned.

Cheves McC. Smythe, M.D.

F I N A L P R O G R A M

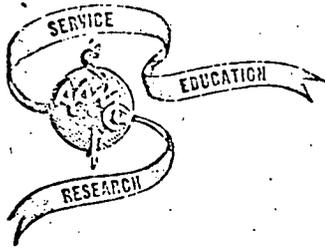
POLICY FOR SUPPORT OF BIOMEDICAL RESEARCH

COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Friday, February 6, 1970
9:00 a.m. to 4:00 p.m.

Palmer House
Crystal Room
Chicago, Illinois

- Presiding: Daniel C. Tosteson - Chairman, CAS
Chairman, Department of Physiology and Pharmacology
Duke University
- 9:00 a.m. Report of CAS Executive Committee
Daniel C. Tosteson
- 9:15 a.m. The 1971 Budget
John A. D. Cooper, President, AAMC
- 9:45 a.m. The View from the NIH
Robert Berliner, Associate Director, NIH
- 10:15 a.m. Health Manpower and Research Support
Kenneth Endicott, Director
Bureau of Health Professions Education
and Manpower Training, NIH
- 10:45 a.m. Coffee Break
- 11:00 a.m. Panel and Discussion
- 12:30 p.m. Lunch
- Presiding: James V. Warren, Chairman-Elect, CAS
Chairman, Department of Medicine
Ohio State University
- 1:30 p.m. Factors in Determination of Level of Biomedical
Research Support
William D. Carey, Arthur D. Little, Inc.
- 2:30 p.m. Discussion and Formulation of Action Proposals
to
4:00 p.m.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 ONE DUPONT CIRCLE, N.W. WASHINGTON, D.C. 20036

WASHINGTON: 202: 223-5364

Council of Academic Societies

Meeting
 February 6, 1970

<u>MEMBERS</u> Invitations	<u>RES</u>	<u>ATTENDING</u>
Dr. Daniel Tosteson	y	
Dr. James V. Warren	y	
Dr. Harry A. Feldman	y(N)	same
Dr. Thomas Kinney	y	
Dr. Jonathan Rhoads	n.	
Patrick Fitzgerald, M.D.	y	same
Dr. Sam Clark, Jr.	y	
Dr. William Weil, Jr.	y	same
Academic Clinical Laboratory Physicians and Scientists		
✓ Dr. Jon Straunfjord		
✓ Dr. Rex Conn, Jr.		
American Association of Anatomists		
Dr. Sam Clark Jr.	n	Dr. Roland Alden
Dr. Burton Baker	y	
Roland Alden Ph. D.	y	
Raymond Truex, Ph.D	n	Dr. J. Francis Hartman
Dr. Russell Woodburne		
American Association of Chair- men of Departments of Psychiatry		
✓ Bernard Holland M.D.		
✓ Dr. R. Bruce Sloane	y	Dr. Robert Silberman
American Association of Neurological Surgeons		

*Received
 Feb 23 1970*

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American Association of Neurological Surgeons

- Dr. Henry Schwartz y
- ✓ Dr. Eben Alexander, Jr. y
- ✓ Dr. A Earl Walker y
- ✓ Dr. William F. Meacham y
- ✓ Dr. Gordon van den Noort y

American Assoc. of Neuropathologists

- ✓ Dr. E. C. Alvord y
 - Dr. Martin Netsky n
 - Dr. Seymour Levine n
 - ✓ Dr. S.M. Aronson n
- Dr. Wolfgang Zeman

American Assoc of Pathologists and Bacteriologists

- Dr. Patrick Fitzgerald y
- Dr. Kenneth Brinkhous y
- Dr. J. Lowell Orbison y
- ✓ Dr. Robert Stowell y

American Association of Plastic Surgeons

- Dr. Robert McCormack y
 - Dr. Stephen Lewis y
 - Dr. W. Brandon Macomber n
 - Dr. Robert Harding n
 - Dr. Andrew Moore n
- Dr. Stephen R. Lewis

American Assoc. of University Professors of Pathology

- Dr. Thomas Kinney y

American Neurological Assoc.

- ✓ Dr. Kenneth Magee y
- Dr. Samuel Trufant y
- ✓ Dr. Augustus Rose y
- ✓ Dr. Melvin Yahr y

American Pediatric Society

- Dr. William Weil, Jr. y
- Dr. Richard Day ?
- ✓ Dr. Charles Cook

American Physiological Society

- ✓ Dr. Arthur Otis
 - ✓ Dr. R. E. Forster
 - ✓ Dr. C. Ladd Prosser n
 - ✓ Dr. Ray Baggs
- Dr. Robert Crane

American Society of Biological Chemists Inc.

- Dr. Abraham White n
- Dr. Ronald Estabrook y
- ✓ Dr. Paul Boyer
- Dr. J. M. Buchanan n

ASBC(cont.)

Dr. Robert Harte y

American Surgical Association

Dr. William Altemeir -

Dr. G. Tom Shires n Dr. Lloyd M. Nyhus

Association of American Physicians

Dr. Eugene Stead Jr. n

Dr. Louis Welt y

Dr. George Thorn n

Dr. John Hickman y

Dr. James Warren

✓ Dr. Marvin Siperstein y

Association of Chairmen of Departments of Physiology

Dr. Daniel Toseson y

Dr. Wilfred Monnaerts n

Dr. Ernest Knobil n

Dr. E. B. Brown Jr. y

Dr. Robert Barne(pres-elect)

Assoc. of Medical School Department Pediatric Chairmen

✓ Dr. Edward Mortimer Jr.

Dr. William Thurman y

Dr. Robert Haggerty y

Dr. C. William Daeschner y for the morning

Association of Professors of Dermatology

Dr. Philip Anderson ?

Dr. Raymond Suskin n

Dr. Solomon of U of Illinois

✓ Dr. Robert Buchanan N

Dr. Frederick D. Malkinson

✓ Dr. Robert Goltz N

Association of Professors of Medicine

Dr. James Warren y

Dr. Ludwig Eichna y

✓ Dr. Halsted Holman

Dr. Robert Petersdorf y

Assoc. of Professors of Gynecology and Obstetrics

Dr. John Donovan y

Dr. Ralph Benson n

Dr. Warren Pearse n

Assoc. of Teachers of Preventive Medicine

Dr. Kenneth Rogers y

✓ Dr. Charles Lewis

✓ Dr. Robert Ossashon

✓ Dr. Frank Ebbott Jr. N

Dr. Robert Berg n

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Assoc. of University Anesthetists

- Dr. Henrick Bendixen y
- Dr. E. M. Papper y
- Dr. John Bonica y
- Dr. Robert Epstein y
- ✓Dr. Thomas Horabain

Assoc. of University Professors of Ophthalmology

- Dr. David Shoch n
- Dr. Bernard Becker n Dr. Frank Newell
- ✓Dr. Frederick Blodi ✓

Assoc of University Radiologists

- Dr. John Campbell y
- ✓Dr. Solomon Schwartz
- Dr. Harry Mellins n
- ✓Dr. James Scatliff

Joint Committee on Orthopaedic Res. and Educ. Seminars

- Dr. Charles Gregory y
- Dr. Charles Herdon n
- Dr. Paul Curtiss, Jr. n Dr. Robert Ray
- ✓Dr. John Hart

Society of Chairmen of Academic Radiology Depts.

- ✓Dr. Herbert Abrams
- Dr. Sidney Nelson y
- ✓Dr. Bryon Brogdon

Society of Surgical Chairmen

- Dr. Clarence Dennis n Dr. Lloyd Nyhus
- Dr. William Longmire n " " "
- Dr. G. Tom Shires ✓ " " "

Society of University Otolaryngologists

- Dr. James Snow y
- Dr. Roger Boles y
- Dr. Donald Shumrick y
- Dr. Francis Sooy n

Society of University Surgeons

- Dr. James Maloney, Jr. n Dr. Lloyd Nyhus
- Dr. W. Gerald Austen y
- ✓Dr. Erle Paacock ✓

Society of University Urologists

- Dr. John T. Grayhack y
- Dr. William Boyce ✓
- ✓Dr. William Parry

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New Member Societies

Assoc. of University Professors
of Neurology

- Dr. Maynard Cohen y
- ✓ Dr. David Daly
- Dr. Norman Geschwind n
- ✓ Dr. Erland Nelson

Assoc. of Academic Physiatrics

- Dr. M. Peszczynski y (1/20 - cannot attend)
- Dr. Nadine Coyne (returned to sender)
- Dr. Ernest Johnson y
- Dr. Aaron Rosenthal y

Assoc. of Anatomy Chairmen

- Dr. N.B. Everett y
- Dr. Jack Davies y
- ✓ Dr. John Pauly N

Assoc. for Medical School
Pharmacology

- ✓ Dr. Harold Hodge n
- Dr. Robert Furchgott n
- ✓ Dr. Bert LaDu y
- Dr. Edward Pelikan n
- ✓ Dr. George Koelle N

Dr. George Acheson

Society of Academic Anesthesia
Chairmen. Inc.

- ✓ Dr. Frank Moya y
- Dr. D. W. Eastwood y
- ✓ Dr. Louis Orkin
- Dr. Peter Bosomworth y

American Cancer Society .

- Mr. Lane Adams n
- Dr. Jonathan Rhoads N

American Federation for Clinical
Research

- Dr. Eugene Braunwald y

American Heart Association

- Dr. Campbell Moses n
- Dr. Ezra Landin

Federation of American Societies
for Experimental Biology

- Dr. J. F. A. McManus ?
- Dr. Loren Carlson n
- Mr. Robert Grant
- Dr. Stanford Moore (president-elect) (i)

National Academy of Medicine

- Dr. Walsh McDermott y

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Office of Science and Technology

Dr. Leonard Laster y

Dr. Ivan Bennett n
Vice Pres for Medical Affairs
NYU

Dr. Jacobus L. Potter, Associate Dean

Dr. Robert Williams
U. of Washington n

Jack Oppenheimer

Dr. Harlan Wood n
Case Western Reserve University

Dr. George Zuidema n
Johns Hopkins U.

David B. Skinner, M.D.

Dr. Marvin Seperstein y
U of Texas
Southern Society of Clinical
Research

(returned to sender)

Dr. Seymour Eisenberg
Southern Society for Clinical
Research

Dr. John Eckstein y
Central Society for Clinical
Research

✓ Dr. Ray Maffley
Western Society for Clinical
Research

Dr. Robert Greenberg y
Society for Pediatric Research

Dr. William Nyhan n
Society for Pediatric Research

Dr. Greenberg and Weil ✓

Dr. Lloyd H. Smith y
University of California
San Francisco Medical Center

*American Society of Internal Medicine
Clyde C. Greene, Jr. N. Charles A. Downing*

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Council of Academic Societies

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School of Medicine
Seattle, Washington 98105

REPORT OF AAMC 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 Kuhli and Dr. T. F. Zimmerman were present at and participated in its meetings. Dr. Cheves Smythe of the AAMC 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 AMA, 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-

nating the role of other more technical assistants. It is recognized that he functions under the general supervision and responsibility of the physician, though he might, under special circumstances and under defined rules, operate away from the immediate surveillance of the physician. To properly perform at this level, the assistant must possess enough knowledge of medicine to permit a degree of interpretation of findings and a degree of independent action within these defined rules and circumstances.

2. Type B is characterized by a more limited area of knowledge and skill, and a more limited ability for integration and interpretation of findings. He is, as a result, less capable of independent action, but within his area of skill and knowledge he may be equal in ability to the Type A assistant or to the physician himself. Assistants at this level may be trained in a particular specialty without prior exposure to more general areas of medical practice, or may be trained in highly technical skills.
 3. Type C is characterized by training which enables him to perform a single defined task or series of such tasks for the physician. These tasks generally require no judgmental decisions and are under direct supervision.
- B. All such assistants should function under the general supervision and authority of a physician or a group of physicians and should not establish an independent practice. In addition, the functions performed by such assistants should be within the competence and capability of the responsible physician or physicians. For example, it would be inappropriate for a surgeon's assistant to perform a preoperative cardiac evaluation, unless the surgeon is competent to review his work critically and assume responsibility for its accuracy and completeness.

V. GUIDELINES FOR EDUCATIONAL PROGRAMS FOR TYPE A ASSISTANTS:

This document concerns itself solely with the guidelines for training of Type A assistants. This does not preclude the need for guidelines for other types as described above.

A. General Objectives:

To provide educational guidelines insuring high standards of quality for programs training Type A assistants as specified in Paragraph (IV-A-1) above, while preserving sufficient flexibility to permit innovation, both in content and method of education, all in the interest of protecting the public, the trainees, and those employing graduate assistants; to establish standards for use by various governmental agencies, professional societies, and other organizations having working relationships with such assistants.

B. General Prerequisites:

1. An approved program must be sponsored by a college or university with arrangements appropriate for the clinical training of its students. This will usually be a hospital maintaining a teaching program. There must be evidence that this program has education as its primary orientation and objective.
2. An approved program must provide to the accrediting agency, to be available in turn to other educational institutions, prospective students, physicians, hospitals, and others, information concerning the program including the following:

Name and Location of School
College/University Affiliation
Clinical/Hospital Affiliation

Director
 Student Capacity
 Academic Calendar
 Tuition and Fees

3. An approved program must also provide, for the use of the accrediting agency, sufficient confidential information to establish that the program is in compliance with the specific guidelines which follow.
- C. Administration:
1. An approved program may be administered by a medical school, hospital, university, college or other entity, providing it can assure that the educational standards can be maintained and other requirements met.
 2. The administration shall be responsible for maintaining adequate facilities and a competent faculty and staff.
 3. The administration shall assure the continued operation and adequate financing of the program through regular budgets, which shall be available for review by the accrediting agency. The budget may be derived from gifts, endowments, or other sources in addition to student fees.
 4. The administration shall assure that the standards and qualifications for entrance into the program are recorded and available to the accrediting agency, and that these standards are met. Records of entrance qualifications and evaluations for each student shall be recorded and maintained, including transcripts of high school and college credits.
 5. The administration shall make available to the accrediting agency yearly summaries of case loads and other educational activities done by clinical affiliates, including volume of outpatient visits, number of inpatients, and the operating budget.
- D. Organization of Program:
1. The Program must be under supervision of a qualified director, who has at his disposal the resources of competent personnel adequately trained in the administration and operation of educational programs.
 2. It will be the responsibility of the director to maintain a qualified teaching faculty.
 3. The director will maintain a satisfactory record system to document all work done by the student. Evaluation and testing techniques and standards shall be stated, and the results available for inspection.
 4. The director will maintain records on each student's attendance and performance.
 5. The director will maintain on file a complete and detailed curriculum outline, a synopsis of which will be submitted to the accrediting agency. This should include both classroom and clinical instruction.
- E. Physical Facilities:
1. Adequate space, light, and modern equipment should be provided for all necessary teaching functions.
 2. A library, containing up-to-date textbooks, scientific periodicals, and reference material pertaining to clinical medicine, its underlying scientific disciplines, and its specialties, shall be readily accessible to students and faculty.
 3. A hospital or other clinical facility shall be provided and of sufficient size to insure clinical teaching opportunities adequate to meet curriculum requirements.
- F. Faculty:
1. An approved program must have a faculty competent to teach the

didactic and clinical material which comprises the curriculum.

2. The faculty should include at least one instructor who is a graduate of medicine, licensed to practice in the location of the school, and whose training and experience enable him to properly supervise progress and teaching in clinical subjects. He shall be in attendance for sufficient time to insure proper exposure of the student to clinical teaching and practice.
3. The program may utilize instructors other than physicians, but sufficient exposure to clinical medicine must be provided to insure understanding of the patient, his problem, and the diagnostic and therapeutic responses to this problem. For this reason attention is specifically directed to provision of adequate exposure of students to physician instructors.

G. Prerequisites for Admission:

1. For proper performance of those functions outlined for Type A assistants as described in Paragraph (IV-A-1) above, the student must possess an ability to use written and spoken language in effective communication with patients, physicians and others. He must also possess quantitative skills to insure proper calculation and interpretation of tests. He must also possess behavioral characteristics of honesty, dependability, and must meet high ethical and moral standards in order to safeguard the interest of patients and others. An approved program will insure that candidates accepted for training are able to meet such standards by means of specified evaluative techniques, which are available for review by the accrediting agency. The above requirements may be met in several ways. The following specific examples could serve the purpose of establishing the necessary qualifications and are provided as guides.
 - a. Degree-Granting Programs: The successful completion of the preprofessional courses required by the college or university as a part of its baccalaureate degree.
 - b. Non-Degree (Certificate) Programs: A high school diploma or its equivalent, plus previous health related work, preferably including education and experience in direct patient care, plus letters of recommendation from physicians or others competent to evaluate the qualifications cited above.
2. All transcripts, test scores, opinions, or evaluations utilized in selection of trainees should be on file and available to the accrediting agency on request.

H. Curriculum:

1. The curriculum should provide adequate instruction in the basic sciences underlying medical practice to provide the trainee with an understanding of the nature of disease processes and symptoms, abnormal laboratory tests, drug actions, etc. This shall be combined with instruction, observation and participation in history taking, physical examination, therapeutic procedures, etc. This should be in sufficient depth to enable the graduate to integrate and organize historical and physical findings as described in Paragraph (IV-A-1).
2. The didactic instruction should follow a planned and progressive outline and include an appropriate mixture of classroom lectures, textbook assignments, discussions, demonstrations, and similar activities. There should be sufficient evaluative procedures to assure adequate evidence of student competence.
3. Instruction should include practical instruction and clinical experience under qualified supervision sufficient to provide

understanding of and skill in performing those clinical functions required of this type of assistant. Evaluation techniques should be described and results recorded for each student.

4. Though the student may concentrate his effort and his interest in a particular specialty of medicine, he should possess a broad general understanding of medical practice and therapeutic techniques, so as to permit him to function with the degree of judgment previously defined.
 5. Though some variation is possible for the individual student, dependent on aptitude, previous education, and experience, the curriculum will usually require two or more academic years for completion.
 6. It is urged that the college or university sponsoring the program establish course numbers and course descriptions for all training, and that a transcript be established for each student. Students should receive college credit when this is appropriate, and should receive a suitable degree if sufficient credit is earned. If a degree is not earned, a certificate or similar credential shall be granted to the student on completion of the course of study.
- I. Health:
1. Applicants will be required to meet the health standards of the sponsoring institution.
 2. As evidence of its concern for imparting the importance of proper health maintenance, the program should provide for the students the same health safeguards provided for employees of affiliated clinical institutions.
- J. Accreditation Procedures:
1. Applications for approval of a program for the training of Type A assistants as described above shall be made to the accrediting agency.
 2. Forms and instructions will be supplied on request and should be completed by the director of the program requesting approval.
 3. Approval of a program may be withdrawn when, in the opinion of the accrediting agency, the program fails to maintain the educational standards described above. When a program has not been in operation for a period of two consecutive years, approval will automatically be withdrawn.
 4. Approved programs should notify the accrediting agency in writing of any major changes in the curriculum or a change in the directorship of the program.

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