

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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March 10, 1970

TO: Cheves McC. Smythe, M.D.

FROM: Mary Littlemeyer

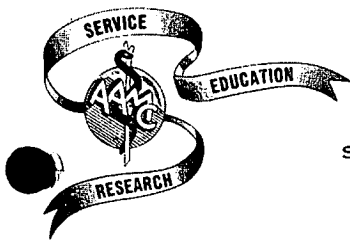
SUBJECT: CAS - Physician's Assistants Task Force Report

The attached memorandum under your signature with subject report has gone forth today to 2 representatives in each CAS member organization, each Executive Committee member, and a copy to Dr. Cooper.

cc - Dr. Cooper

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 10, 1970

TO: Representatives, Council of Academic Societies Members

RE: Report of AAMC Task Force on Physician's Assistants Program

At the November, 1969 business meeting of the CAS a task force was appointed and asked to bring a report to the Council recommending the procedure for the training of Physician's Assistants. This task force was chaired by Dr. E. Harvey Estes of Duke University. They have completed this work and submitted the enclosed report and recommendations to the Executive Committee of the Council on February 5, 1970.

Before taking any official action, the Executive Committee would appreciate the reactions of you and the membership of your society both to its general import and its specific recommendations.

The report is also being circulated to the leadership of the Council of Deans, the Council of Teaching Hospitals, and the Executive Council for their suggestions before formal or final action will be taken.

Cheves McC. Smythe, M.D.
Director
Department of Academic
Affairs

Enclosure

MHL/jk

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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