

# PA HISTORY ... Can This Be the AAPA HOD?

BY PAM MOYERS SCOTT, MPAS, PA-C

Can this really be the House of Delegates meeting at the annual PA conference? Where are the laptop computers and power strips? Where are the sergeants at arms and the tellers? Where are the signs identifying each constituent organization? Where are SAAAPA, PAEA, the Caucus Congress and the delegates at large?

From looking at this photograph from the second annual AAPA HOD meeting, all of these things were absent; in fact, some did not even exist at the time, including the Caucus Congress and specialty organizations and, of course, laptops. (However, apparently a smoking section did exist.)



This AAPA HOD convened in Las Vegas in 1978, in conjunction with what was considered to be the sixth annual conference of the AAPA. At the time, that acronym stood for the American Academy of Physician's Assistants. It wasn't until 1981 that the AAPA officially dropped the apostrophe S.

Essentially, for the first 10 years of AAPA's existence, academy policy was determined by the Board of Directors and academy staff. The concept of establishing an HOD was proposed in 1975 "to better represent the Academy membership."<sup>1</sup> As a result of this meeting and subsequent discussions, recommendations for change were made and accepted to the academy's Constitution and Bylaws establishing the HOD.<sup>1</sup>

According to AAPA president Dan Fox's report, the first HOD in 1977 did not yield the anticipated outcomes of the academy leadership. However, Fox goes on to write, "What did occur was an organized effort of those involved to provide the Academy leaders with the much needed input for their decision making. The stage has again been set this year. The membership and the leadership of the Academy are looking to see that the House of Delegates provides and represents them with direction for the Academy[']s future."<sup>1</sup>


At the end of this session of the HOD, which had delegates from the 54 constituent chapters and SAAAPA, the HOD became the policymaking and legislative body of the AAPA.

This sixth annual conference had 1,940 PAs in attendance, offered 13 hours of CME and hosted 72 exhibitors.<sup>2</sup> The speaker of the house was William Hughes; Dan Fox was president for the 1977-1978 leadership year.<sup>1</sup> □

Pam Moyers Scott is past president of the American Academy of Physician Assistants. She is a member of the Board of Directors and is president-elect of the Society for the Preservation of PA History. She is a family practice PA in rural West Virginia.

## References

1. Fox D. American Academy of Physician's Assistants Annual Address. 6th Annual AAPA Conference. Las Vegas, Nev; April 7, 1978.
2. Physician assistant organizations. In: Hooker RS, Cawley JF. *Physician Assistants in American Medicine*. 2nd ed. St Louis, Mo: Churchill Livingstone. 2003:247-263.

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In 1972, the PA profession was only a few years old. The number of programs and graduates were increasing, the programs in existence varied significantly in content and length and PAs were starting to become a significant component of the health care delivery system. Hence, concern started emerging from the American Medical Association, the Department of Health, Education and Welfare (DHEW) and others regarding how to ensure the "quality" of health care provided by PAs.<sup>1</sup>

They were looking for some measure of assurance that the people practicing in this new profession had achieved a minimum degree of proficiency in the delivery of primary health care. For physicians, this was satisfied by PAs having passed a series of tests produced and administered by an independent agency, the National Board of Medical Examiners (NBME).

Since the responsibilities and credentialing of PAs were closely related to those of their supervising physicians, the NBME seemed the most appropriate agency to provide testing for PAs, as well. Acting

on the advice of its Goals and Priorities Committee, the NBME board agreed to develop a national certifying examination for assistants to the primary care physician in April 1972.

With funding from the Allied Health Manpower Division of the DHEW, the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation, a 20-member advisory committee was established. It consisted of physicians who were involved in the development of the various models of PA education; physicians who employed PAs; physicians who trained PAs; PAs, NPs and nurses concerned with the NP concept; and representatives from the AMA, the Association of American Medical Colleges, the Bureau of Health Manpower of the National Institutes of Health, the Community Health Service Programs of the Division of Medical Standards at the DHEW, and the Robert Wood Johnson Foundation.

Initially, each member of the group was asked to evaluate a 33-page task inventory and mark each task as one that a primary care PA should (1) definitely, (2) probably, (3) probably not or (4) definitely not be expected to perform. The arithmetic means of each judgment was computed and then used to create a task inventory of more than 500 functions that

the primary care PA should definitely be able to perform.

Given the size of the list, and realizing that it was more important to be proficient at certain tasks than at others, the group performed a priority study to establish the relative importance of each listed function based on how frequent a PA might provide the service and the "criticalness" of the service. The functions with the highest rankings were then used by three newly established test-writing committees to develop questions for the examination. The test items were organized and designed to evaluate the PA's cognitive, problem-solving, interpersonal and psychomotor (performance) skills.

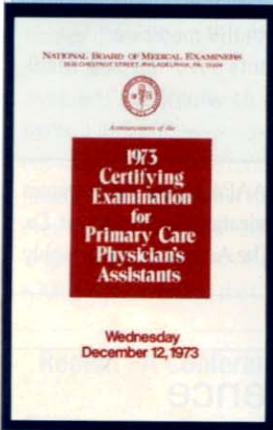
The examination was readied and administered on Wednesday, Dec. 12, 1973, simultaneously at 66 sites in 40 states for a fee of \$55. According to the brochure announcing the test, it was "designed to assess the competence of the assistant to the primary care physician in carrying out a variety of health care functions."<sup>2</sup> It consisted of a morning session of multiple-choice questions "designed to assess the candidate's knowledge and skill in applying knowledge related to clinical material presented in printed and pictorial form." The afternoon consisted of a "programmed testing technique involving simulated clinical cases in adult and pediatric medicine designed to assess the candidate's skill in gathering pertinent information about patients and making appropriate management decisions."

Examinees were told that the results would be available the latter part of February 1974. Barbara Andrew, who oversaw the development and evaluation of the examination for the NBME, reported that 880 candidates—who were either a PA, a MEDEX or an NP—took the examination, and the examination proved to be reliable statistically.<sup>3</sup> The failure rate on the 1973 examination was 12.5% (110 examinees).<sup>4</sup> □

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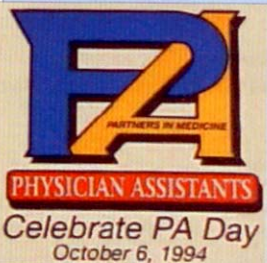
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# PA HISTORY... PA Day? Just One Day?

In May 2004, the New York State Society of Physician Assistants brought forth a resolution to the American Academy of Physician Assistants House of Delegates. The HOD eventually passed a modified version of the resolution as AAPA Policy H-A-2500.3.2, which states, "The AAPA supports the designation of National Physician Assistant Week commencing on October 6."



Until then, PAs celebrated only October 6 as a national day of recognition, because this was the day on which the first class of PAs graduated from Duke University in 1967. PA Day was first celebrated in 1987 to commemorate the 20th anniversary of the PA profession. Coincidentally, October 6 also is the birthday of Dr. Eugene A. Stead Jr., who started the Duke PA Program in 1965 and was an early advocate of the use of formally trained assistants by doctors.

The first button created by the AAPA for sale and distribution to the PA community is shown here. PAs and their coworkers were encouraged to wear these buttons on PA Day to enhance public awareness of the profession and to recognize the contributions PAs made to their care. The button informed the public that PAs were employed and used by the facility to improve access to high-quality medical and disease-prevention services.

State PA chapters, PA programs and PA students have played a significant role in promoting this day. Governors and mayors have written proclamations praising PAs for their service to citizens. PAs and students have engaged in blood drives, volunteered at food banks and homeless shelters and screened patients at local health fairs to bring attention to the profession.

Why should you participate in PA Week? First, it provides you an opportunity to educate the public about your profession. It's a time for you to forget the burdensome aspects of today's practice—paperwork, preauthorization, formularies—and to remember what is good about practicing medicine: helping patients. It also provides you a chance to celebrate and share our unique profession with fellow PAs, other health care colleagues, patients, family and friends. And PA Week permits us to reflect on our historic roots and plan for our future.

The Society for the Preservation of PA History's Board of Directors, staff and leaders would like to wish every one of you a very happy PA Week! □ — Pam Moyers Scott, MPAS, PA-C