

THE PHYSICIAN'S ASSISTANT
IN CALIFORNIA

Final Progress Report of the
California State Board of
Medical Examiners

and the

Advisory Committee on Physician's
Assistant and Nurse Practitioner Programs

(Stats. 1970, ch. 1327)

presented to

THE LEGISLATURE
of the
STATE OF CALIFORNIA



November, 1974



THE PHYSICIAN'S ASSISTANT
IN CALIFORNIA

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A FORWARD
to the California Legislature

By

EVELLE J. YOUNGER
Attorney General

For over three years, this office has served as Special Counsel to the Advisory Committee on Physician's Assistant and Nurse Practitioner Programs and the Board of Medical Examiners in their collective effort to affect a complete statutory and regulatory scheme for the licensure or certification of physician's assistants.¹ The intent of the Report which follows is to provide for a thorough, yet simplified, procedure for approval of both the supervising physician and his assistant by amendments to both the Medical Practice Act (Bus. & Prof. Code, Div. II, Chap. 5, § 500 et seq.) and the Board's regulations governing Physician's Assistants (Title 16 Calif. Adm. Code, Chap. 13, Art. 15, § 1379 et seq.).

Professional recognition of the physician's assistant is now a reality in California. There remains, however, the need for legal definition and sanction for the various acts, tasks, and functions carried out by the assistant under the supervision of an approved physician.

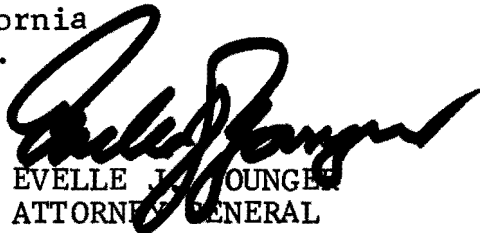
The development of reasonable, easily understood, and impartially applied educational and licensing standards,

1. We have also assisted these distinguished groups in submitting to you their report of December 1973 entitled, The Development, Education, and Utilization of Nurse Practitioners in the State of California, involving another proposed source and category of health manpower, the Nurse Practitioner (See Stats. 1972, ch. 933).

as proposed in this Report, will further enhance and bring into focus the physician's assistant concept in California.

We are gratified and proud to lend our counsel, and our endorsement, to this worthy effort by the Board and the Advisory Committee.

Sacramento, California
November 1, 1974.



EVELLE J. YOUNGER
ATTORNEY GENERAL

THE PHYSICIAN'S ASSISTANT
IN CALIFORNIA

Final Progress Report of the
California State Board of
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and the
Advisory Committee on Physician's
Assistant and Nurse Practitioner Programs
(Stats. 1970, ch. 1327)

INTRODUCTION

By
Harold E. Wilkins, M.D.
and
Paul J. Dugan, M.D.

The Board of Medical Examiners, in conjunction with the Advisory Committee on Physician's Assistant and Nurse Practitioner Programs, is proud to present this third and final report concerning the implementation of the Physician's Assistant Law in California (Calif. Bus. & Prof. Code, Div. II, Chap. 5, Art. 18).^{1/}

^{1/} The members of the Legislature will recall the Board's two interim reports relative to the physician's assistant program:

Here, the Board and the Advisory Committee address themselves in six chapters to each of the issues posed by Assembly Bill 2109 (now Statutes of 1970, Chapter 1327)^{2/}:

Chapter A: The number, types, and description of Physician's Assistant Programs which have been approved by the Board of Medical Examiners.

Chapter B: The number of Physician's Assistants approved for supervision.

Chapter C: The education and qualifications of each Physician's Assistant.

Chapter D: The background concerning the numbers of physicians supervising assistants, their specialties, and the counties in which they practice.

(Footnote 1 continued.)

Interim Report of the Advisory Committee on Physician's Assistant Programs (June 9, 1971) and (Interim) Report of the Board of Medical Examiners Re Physician's Assistants (December 31, 1971). The nurse practitioner, another allied health professional studied by the Advisory Committee (Stats. 1972, ch. 933), was the subject of two other recent reports: An Interim Report on the Nurse Practitioner (December 29, 1972) and The Development, Education, and Utilization of Nurse Practitioners in the State of California (December 4, 1973). The latter of these two reports culminated in Assembly Bill 3187 (Hon. Gordon Duffy), introduced in the Assembly on February 20, 1974.

2/ Assembly Bill 2109 (Stats. 1970, ch. 1327) is appended to this Report as "Exhibit A".

Chapter E: The scope of practice of approved Physician's Assistants.

Chapter F: Recommendations for establishing a permanent program of certification or licensure of Physician's Assistants.

Upon its formation in March 1971, the Advisory Committee met twice monthly for the first year and has met monthly since that time, frequently in two or three-day sessions. During this period, appointed subcommittees^{3/} have also met and members of the Committee, as well as the Board itself, have attended and in some cases participated in discussion of informational programs relating to Physician's Assistants. A copy of the testimony and exhibits received are available at the office of the Board, as are the responses from National Professional Societies and Academies of the various specialties within the field of medicine. Representatives of various educational programs have appeared before the Advisory Committee seeking approval of such programs. Information provided by their presentations have been considered in formulating the Board's regulations adopted to date, and proposed herein.

^{3/} A list of the various subcommittees of the Advisory Committee from the date of submission of its Interim Report on Physician's Assistants (December 1971) is appended to this Report as Exhibit "B".

Where the presentation concerned a Specialist Assistant not yet the subject of regulation, the information has been held in abeyance until the Advisory Committee could act on the respective proposal. At this time, the Board has adopted regulations for Assistant to the Orthopaedic Physician (Section 1379.60), Assistant to the Emergency Care Physician (Sections 1379.70-1379.75), and is considering regulations for Assistant to the Allergist.

General educational requirements for both programs of instruction as an Assistant to the Primary Care Physician and the Assistant to the Specialist Physician were developed and patterned after recommendations of the Council on Medical Education of the American Medical Association.^{4/} In summary, these regulations require the applicant to establish a need for a Physician's Assistant training program; they fix a minimum entrance requirement of high school graduation or its equivalent; they require establishment of the program in an educational institution in association with approved clinical facilities; they require establishment of evaluation mechanisms to determine effectiveness of the program; they require academic credit for course work (thus assuring mobility); they require the educational program

^{4/} See and compare the Board's regulations (Exhibit "j" herein) with Educational Programs for the Physician's Assistant (A.M.A., 1973) and Guidelines for Educational Programs for the Assistant to the Primary Care Physician (A.M.A., 1974).

to establish equivalency and proficiency testing; they assure competent directorship and faculty; they require establishment of a definitive candidate selection procedure; they establish a control over the number of students enrolled based upon the number that can be clinically supervised and trained; they require programs to establish resources for continued openings; they establish a preceptorship program for each student; they require establishment of a continuing clinical education program; and provide that programs must advise the Board of changes in its approved program. By the adopting of these regulations, the Board anticipates that it has established standards which will assure compliance by educational programs presently and in the future with the provisions of Business and Professions Code section 2515.

These requirements are aimed at protecting against the blanket graduation of students who are not properly trained. The regulations will give to the physician, and to the public, a practitioner competent to perform the tasks permitted by law. This aim is consistent with the findings of the Board -- namely, that the public is quite willing to have a Physician's Assistant perform tasks for them, assuming that he is well qualified to do those tasks. In 1972, the Board commissioned a consulting firm, Haug Associates, Inc., of Los Angeles, California, to survey the need for and acceptability of Physician's Assistants by the general public, medical profession, and allied

health professionals (Administrators, Licensed Vocational Nurses, Registered Nurses, Physical Therapists, Laboratory Technicians and Psychologists). Eighty percent of the public questioned stated that they "definitely" or "probably" would be willing to be cared for by a Physician's Assistant assuming he was qualified to perform the task. Only fourteen percent were not sure whether or not they would be willing to have a Physician's Assistant care for them, and only six percent expressed negative feelings.^{5/}

The extensive statutory and regulatory changes suggested at Chapter F of this Report are a distillation of a plethora of facts elicited during months of public hearings before the Board and Advisory Committee, and more particularly, from the comments of supervising physicians and their assistants in actual practice. The more significant changes proposed are: (1) A streamlining of the application process so as to expedite the approval mechanism of satisfactory applications; (2) A clarification of the regulations defining "supervision"; (3) A deletion of annual, or repeated, "patient consent"; and (4)

5/ Two-thirds of the physicians rated the idea of the program as excellent or good, indicating generally favorable feelings. Almost eighty percent of the allied health professionals stated that the concept sounded like an excellent or good program. The Haug Associates' report therefore confirmed earlier findings relative to the acceptability of the Physician's Assistant in California.

An enlargement of performable tasks by the inclusion of pelvic examinations and endoscopy.

An entirely new scheme of approval, of both the physician and the assistant, is also proposed in Chapter F. Under the current statutes and regulations, only the physician is required to obtain approval to supervise a "particular" Physician's Assistant. The proposed statutory and regulatory changes will divorce the application of the supervising physician from a "particular" Physician's Assistant and will provide a separate approval system for each. Approval of either the supervising physician or the assistant will no longer be based on an employment relationship, but rather on individual and independent qualities of each applicant. Two separate files, or registers, one for approved supervising physicians (by specialty) and another for approved assistants, will be maintained in the Board's office in Sacramento for the use and information of interested parties. Annual renewal of approval will be changed to require renewal but once every two years.

A new format for application, examination, approval, and discipline of the Physician's Assistant will be established as sections 1379.10 through 1379.16 of the Board's regulations.

Finally, it is proposed that various statutes be amended or added to change the title of the Advisory Committee to "Physician's Assistant Examining Committee", establish a self-sustaining "Physician's Assistant Fund" in the State Treasury, and augment the Committee's membership by one to include an approved Physician's Assistant. Four-year terms of the

Committee is also suggested. Other statutory changes are proposed to assist the Board in affecting the amendments or additions to the Board's regulations outlined above.

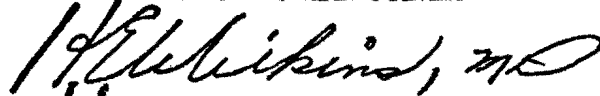
With some immodesty, the Board is proud of its proposed framework for the approval of supervising physicians and Physician's Assistants. The proposed changes evidence a viable, workable scheme designed to aid the overworked physician and, at the same time, protect the patient from possible abuse. The initial regulations were, in some respects, overly restrictive in actual practice and will promptly be changed with the support of the implementing statutes recommended here.

Neither the Board nor the Advisory Committee intend that this Report be taken as the talismanic response to all of the same myriad of regulatory difficulties which attend the licensing or certification of all practitioners within the healing arts. At this juncture, it is nothing less than our very best effort to achieve the most effective utilization of the Physician's Assistant in the State of California. We hope and trust that the Legislature will agree.

November 1, 1974

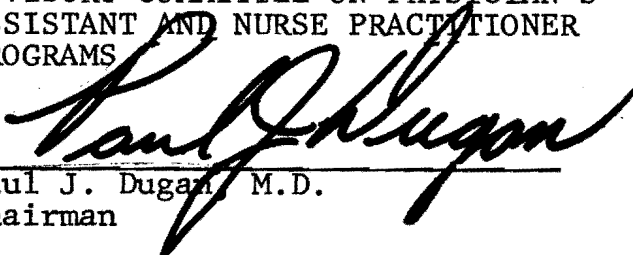
Respectfully submitted,

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA



Harold E. Wilkins, M.D.
President

ADVISORY COMMITTEE ON PHYSICIAN'S
ASSISTANT AND NURSE PRACTITIONER
PROGRAMS



Paul J. Dugan, M.D.
Chairman

CHAPTER
A

THE NUMBER, TYPES, AND DESCRIPTION
OF PHYSICIAN'S ASSISTANT PROGRAMS
WHICH HAVE BEEN APPROVED BY THE
BOARD OF MEDICAL EXAMINERS

1. SUMMARY

a. The Number and Types
of Approved Programs

As of the date of the submission of this report, there are eight educational programs for the training of Physician's Assistants which have received the approval of the California Board of Medical Examiners.

Five of such programs are for the education of primary care Physician's Assistants. These include:

1. UCLA/Charles R. Drew Postgraduate Medical School
2. Foothill College/Stanford University Hospital
3. USC/LAC Medical Center
4. Alderon-Broadus College, West Virginia
5. Colorado University, Colorado

Three of the eight approved programs relate to the training of the emergency care and orthopedic Physician's Assistant:

1. USC/LAC Medical Center
(Emergency Care)

2. UCLA/Charles R. Drew
Postgraduate Medical
School (Emergency Care)
3. USC/Cerritos College
(Orthopedic)

b. The Number and Types
of Programs Pending
Approval

The Advisory Committee is presently considering
the application of three additional educational programs:

1. Allergy Specialist Physician's
Assistant Program, University
of California, San Diego 6/
(Allergy Physician's Assistant)
2. Foothill College/Stanford
University Hospital 7/
(Emergency Care)
3. UCLA/Casa Loma College 8/
(Primary Care)

c. The Number and Types of
Programs Which Have Not
Received Approval

Two programs, an orthopedic Physician's Assistant
program at the University of California, San Francisco, and

6/ At this juncture the Board and the Advisory Committee
have considered, but not adopted, regulations which would
create an assistant to the allergist physician.

7/ At its meeting on August 8, 1974, this program was
approved by the Advisory Committee and will be further
considered by the Board at its meeting on August 24, 1974.

8/ After a site review, a subcommittee of the Advisory
Committee has recommended that this application be rejected.
The Board, however, has not passed upon the Advisory
Committee's recommendation at this time.

a family nurse specialist program at the University of California, Los Angeles, have not been approved. The application of the former program was withdrawn prior to its disposition by the Board.

2. A GENERAL DESCRIPTION
OF APPROVED PROGRAMS 9/

a. UCLA/Charles R. Drew
Postgraduate Medical School

1) Introduction

The Charles R. Drew Postgraduate Medical School's Program for the Assistant to the Primary Care Physician is funded by the Bureau of Health Manpower and Education of the Department of Health, Education and Welfare of the Federal Government. In 1972, the Program became a member of the Association of Physician's Assistants Program and in December 1973 the Program was approved by the American Medical Association Council on Medical Education.

The Drew School's Physician's Staff consists of approximately eleven persons, including three physicians (See the Drew Organizational Chart and Staffing Pattern, and Faculty Members, at Appendix, Exhibits "C" and "D"). The Director, Raymond M. Kivel, M.D., has been almost singularly

9/ This portion of the Report has been taken from the findings of the respective site review teams of the Advisory Committee who reviewed the programs discussed above, and from the Annual Reports or Applications filed with the Board by the various program directors.

responsible for the success of the Drew Program. He has provided overall direction for the training program, communicated with the Funding Agencies, the State and National Boards of Medical Examiners, the American Medical Association's Council on Medical Education, the Association of Physician's Assistants Programs, legislators and with other professional groups. He has also handled relations with the media and general public in order to gain acceptance for the Physician's Assistants Program. Dr. Kivel was a frequent guest or witness at the Advisory Committee and Board meetings.

2) Faculty and Preceptors

New faculty members and preceptors have been added to the program. These include not only the Staff of "Medex", but the Chiefs of Staff of the affiliated institutions and visiting professors as well. The program has made an effort to recruit preceptors from the inner city and from a variety of different types of practices.

3) Curriculum

Every student is required to have completed thirty units of college work before being eligible to apply for admission into the Program. Included in these thirty units are courses such as anatomy, physiology, psychology, chemistry and mathematics. Some experience in direct patient care is also required. After entering the course the student receives three months of basic clinical training. Protocols and learning

packages have been developed to help the student to study and also to let the instructor know what the Program expects him to teach.

The Basic Clinical Phase covers history-taking, physical examination of all of the body systems, laboratory procedures, pharmacology, minor surgical techniques, counseling, emergency care and health maintenance, followed by written and practical examinations.

The student then enters the Clinical Rotation Phase which lasts nine months. The student spends forty hours per week in the hospital. He spends one month on each service. Here he obtains patient histories, performs physicals, does laboratory work and carries out prescribed treatments under the direction of the staff physician. He attends a bi-weekly case conference where one or more students present a case. The instructor guides the discussion and elaborates on the case. At the end of each rotation, the staff physician prepares an evaluation form. At the end of the Clinical Rotation Phase, a faculty member evaluates the student's ability to do adequate patient management.

The Clinical Rotation Phase is followed by the Preceptorship. Students are matched with preceptors selected by the Program Staff. Each student chooses three preceptors. He makes an appointment to visit the preceptor and to see the practice. The student and preceptor mutually agree upon the preceptorship. The Program provides orientation for both preceptor and preceptee. Random visits are made to the

preceptors from time to time by the Clinical Coordinator or Program Director. The preceptor then evaluates the student. The patient contact record and the student certification forms are also used to evaluate student performance. After three months in the Preceptorship the students must meet all requirements for graduation.

4) Continuing Education

The Program has designed seminars to prepare graduates for the National Board of Medical Examiners Certifying Examination. Bi-weekly Clinical Problem Seminars are held. Students present patient problems that they have encountered. The student has previously consulted with the instructor who provides guidance in the preparation of the presentation. At the seminar, the case is presented and discussed by the class. The instructor guides, supplements and summarizes the discussion. Students are encouraged to participate in the King-Drew and U.C.L.A. continuing education series.

5) College Affiliations

The first class of Medex students received their training at U.C.L.A. The Drew School still maintains its affiliation with U.C.L.A. Their professors act as visiting lecturers and consultants to the Program. Faculty members of the Drew School hold joint appointments with U.C.L.A. and U.S.C. Arrangements are being made with Compton Community College and Los Angeles City College for students to receive full

college credit for courses.

6) Hospital Affiliations

Until March 1973, the students received their basic training and clinical rotations at U.C.L.A. Medical Center. However, this facility is no longer used since the Martin Luther King, Jr. General Hospital opened. Until December 1973, San Bernardino General County Hospital was used for clinical rotations for students who lived in the San Bernardino area. At present, Martin Luther King, Jr. General County Hospital, a part of the DREW/KING Complex is being used for clinical rotations. Both the Drew School and the King Hospital are accredited by the A.M.A. Council on Medical Education. The students also use Harbor General County Hospital for clinical rotations. The students are taught how to use algorithms and patient contact records during the Clinical Rotation period. They are required to use these during the Preceptorship.

7) Students

In 1971, the Medex Program enrolled 21 students. Two of these students transferred to another Medex program. All of these students had a military background. In May of 1973, the Drew School graduated 19 students as Assistants to the Primary Care Physician. All of these students are employed. Eleven (58%) are employed in California. Of these, six are practicing in inner city settings, one in rural,

one in suburban, two in industrial, and one in government medicine settings.

In October 1972, 20 students were enrolled into the Medex II Class. The class consists not only of medical corpsmen, but also nurses and other persons who have had some direct patient experience. This class also includes eight females. (A profile containing the previous health training and work experience of this class is set forth at Exhibit "E" of the Appendix.)

In July 1973, the Drew School accepted 14 more students into the second class. These students were being trained at the King Hospital as Emergency Physician's Assistants. Because Board regulations required completion of a course as Physician's Assistants to the Primary Care Physician, these students were admitted into the Drew School Program.

In September 1973, 20 students were admitted to the third class. Seven are female. This class is expected to graduate in January 1975. (See Exhibit "F" of the Appendix for the background of these students.)

b. The Stanford University/Foothill
College Primary Care Associate Program

1) Introduction

The Stanford Program graduated its first class on June 22, 1973. Currently 20 students are enrolled in the first year and 19 in the second year. The program is accredited by the Board of Governors of the California Community Colleges, Western Association of Schools and Colleges,

A.M.A. Council on Education, and the California Board of Medical Examiners.

Stanford finds that since the inception of its program in 1972, there has been a measurable growth of interest for the Physician's Assistant concept in the medical community and the consumer population. This interest in part was generated by the Stanford staff and its equally involved students. (See Staff Responsibility Profiles, Exhibit "G" of the Appendix.)

Director and motivator Michael T.B. Dennis, M.D., is to be commended for what the Board and Advisory Committee consider to be one of the finest Physician's Assistant training programs in the nation.

2) Curriculum

The curriculum because of its educational experimental mobility now includes many of the best instructors at Stanford Medical School, especially those delivering primary care services. (See Clinical Coordinators and Teaching Staff Exhibit "H" of the Appendix.) Additionally, family physicians who have joined the staff as clinical assistant professors in the Department of Family, Community and Preventive Medicine have given the students the opportunity to make a smooth transition from the University educational system to the reality of family practice.

The overall objective of educational training in the Primary Care Associate Program has been to train individuals

who will through skills in assessment, teaching, and counseling be able to identify the physical, social, and psychological needs of patients and families; formulate approaches to these needs; and collaborate with physician supervisors and other members of the health team in the management of these needs in order to deliver quality primary care health services. The curriculum is two years in length. The first year is coordinated through Foothill Community College where the students complete educational requirements necessary for the Associate degree including anatomy and physiology, mathematics, English, sociology, history, microbiology, psychology, speech and a humanities elective. A number of the students entering the program have completed these requirements at another community college or are already prepared at the baccalaureate level or higher and thus participate mainly in the second year or clinical portion of the curriculum. The requirements of the first year consist of 51 1/2 units in the aforementioned subjects.

The second year is a year of clinical training during which the students acquire 63 units of credit. The initial two quarters are based at Stanford Medical Center where the students develop skills in clinical assessment, communications, counseling, and teaching patients. In addition, the student is exposed to special extensions of clinical assessment in pediatrics, obstetrics and gynecology, psychiatry, and surgery. During the latter part of the winter quarter and the beginning of the spring quarter the

students spend ten weeks rotating in five clinical settings including pediatrics, obstetrics and gynecology, psychiatry, surgery, and medicine. Although clinical experience is incorporated throughout this year's curriculum and correlated with didactic sessions, during clinical rotations the students spend time with a community practitioner focusing on skills needed in each of these five areas. The last five months of the program is the primary care preceptorship where the student is placed with a preceptor who is doing general practice in a community setting. This is the period during which the student under the preceptor's supervision applies all the knowledge and skills to which he or she has been exposed to family practice.

Clinical algorithms are incorporated into the teaching program for two purposes. Firstly they are used as self-teaching tools in clinical care to help the student develop a logic system in approaching patient problems. Secondly the algorithms afford a unique opportunity to evaluate the student's skills and progress. Students are required to complete five checklists per week and two complete work-ups per month. A computer and a manual audit assess the student's algorithms and provide continuous feedback to the student. It is felt that the algorithms provide a means of obtaining objective evidence of a student's performance and competence.

Evaluation of curriculum is done in the traditional educational model. Students are evaluated through written examinations, the aforementioned clinical algorithms, and

through one-to-one contacts with clinical faculty and preceptors who observe and evaluate their performance. In addition, students assess their own performances as well as the teaching program itself on an ongoing basis.

As Stanford nears the end of its first two years of experience in training assistants to the primary care physician, it is asking its graduates and students currently in preceptorships to address relevance of the program curriculum to their needs as practitioners. In addition, the program is involving its continually increasing number of interested community physicians in this assessment. It is Stanford's intent to have a revised and relevant curriculum that details goals, behavioral objectives, and content and their interrelationships as seen by program staff, clinical faculty, community physicians, and past and present student bodies.

3) Preceptorships

Recently, preceptorships in the inner city area have been established. This has been a continuous Stanford goal, but one found difficult to accomplish. The program is hopeful that contact with its students in the inner city areas will lead to employment opportunities there.

Evaluation of the programs' first preceptorship period was subcontracted to Dr. Karlene Roberts of the U.C. Berkeley's School of Business Administration. Dr. Roberts, working with a research team whose expertise is in organizational psychology, generated a report containing a number

of observations and recommendations which have been incorporated into current curriculum and program activity. These included lengthening the preceptorship, strengthening relationships between the core training staff and preceptors (specifically on-site visits and seminars), and increasing the amount of certain clinical experiences. Currently, Stanford is working with this team and attempting to seek additional funding to evaluate performance of a national sample of graduate Physician's Assistants.

4) Students

Ten of the 15 students graduated last year are now employed with family practitioners, the majority in rural areas. With nine months of experience, the work goals of this program are being accomplished. (A geographical distribution of graduates by employment sites is set forth at Exhibit "I", of the Appendix.)

5) Continuing Education

In November 1973, the first Continuing Education Conference for Physician's Assistants was held at Stanford University. This highly successful form of education has led the program to seek funds for future continuing education conferences.

The Stanford program conducts an annual seminar which is listed in the curriculum as "Seminar in Primary Care" for three days during the Thanksgiving week. At this time graduates from this program and other programs participate

with students currently in the program in a series of continuing education activities. The majority of the seminar is devoted to group analysis and discussion of a series of patient care problems that are designed to prepare graduates for the National Certifying Examination.

The program staff is exploring other funding resources to develop an ongoing continuing education program for Physician's Assistant graduates and their employers. Approaches to developing a community-based program are being considered.

6) Future Plans

A series of opportunities are developing for Physician's Assistant students to interface with pertinent aspects of the ongoing curriculum for medical students. Certain courses are being designed that students will have the option of taking on an elective basis with medical students and other interested students in the university community. It is the feeling of the Stanford program staff that developing ways for a health care team to be trained together eventually contributes to an outcome of better professional relationships in practice.

The staff is also exploring the possibility of obtaining funds to decentralize the university program and develop a more community-based focus.

c. University of Southern California/Los Angeles County Medical Center Primary Care and Emergency Care Physician's Assistant Programs

1) Introduction

Due to the stress of a constantly increasing service load and the lack of available trained personnel, the Los Angeles County/USC Medical Center in conjunction with the Emergency Department in April 1970, agreed to hire ten discharged service corpsmen, on an experimental basis, for use in the emergency department. An additional 13 ("Model Cities" funded) trainees, with similar corpsmen background experience, were added to the original group.

The training program was revised to meet the guidelines for the Primary Care Physician's Assistant Program, adopted in May 1972. Since this time, the LAC/USC program has been developed in accordance with the rules and regulations of the Board of Medical Examiners. Additionally, in light of the adopted Physician's Assistants guidelines, and in anticipation of the Board of Medical Examiners' adopting additional guidelines for the Assistant to the Emergency Care Physician, a new class of 13 students was started in June 1972, when funding from the Department of Health, Education, and Welfare ("HEW") became available.

The location for the program is in a county whose roots go back over 200 years and one which gives it access to considerable experience and resources which accrue naturally

in a variable population with an excellent educational tradition. The Los Angeles County/University of Southern California Medical Center with 2200 beds is one of the largest hospitals in the Western Hemisphere. To service such a large institution is one of the largest Emergency Departments in the world. The department in 1972 saw 346,000 patients, or nearly a thousand patients a day, including several delivered to the adjoining helipad by police and fire helicopters.

To meet the demands of such a large emergency service and to meet the increasingly apparent emergency needs in the community, the University of Southern California School of Medicine has established a new and unique Department of Emergency Medicine as a co-equal partner with the more traditional medical school departments, a precedent which has not yet been duplicated elsewhere.

2) Cardinal Features of Program

The two major components of the educational program are designed to meet the requirements of the Assistant to the Primary Care Physician and the Assistant to the Emergency Care Physician. The program consists of didactic material, laboratory and clinical experience and provides the necessary preceptor supervision for trainees in the development of skills, techniques, and tasks. Academic credit is awarded through an accredited college.

Curriculum, instruction, training, and student progress are evaluated throughout the program. Upon eventual

certification of qualified graduates, an impact study, requested by HEW, should generate information useful for future training programs.

In light of the background training, education, and experience of former military medical corpsmen and nurses who express a desire to pursue a health career in Emergency Medicine, consideration is given to these candidates for entry into the program. Additionally, other health personnel with equivalent background and clinical experience who meet the requirements for selection are also considered.

3) Candidate Selection Procedure

The screening and selection process is aimed at accepting those persons who are best qualified to benefit from this educational and clinical training program. Academic background requirements can be met with traditional college units, vocational units or a combination of both. The clinical requirement may be met by completion of corpsman training programs; accredited nursing school (with eligibility for RN licensure); accredited licensed vocational nurse school (with eligibility for LVN license) and one year's experience in intensive care; or approved health care assistant program which develops relevant clinical skills.

The applicants who meet the entry requirements of the program are rated numerically (100 total points possible) on the strength of their academic and clinical background and their performance in the interview. Total points available

for academic and clinical background range from 70 to 85. The remaining 15 points are given on the basis of the interview, where personal traits and motivation are evaluated. The candidates are then placed on a list in numerical order and taken into the program as places become available. Due to Civil Service regulations, the list can only remain active for three months and then must be revised.

4) Departmental Resources

The newly-formed Department of Emergency Medicine ("DEM") sees between 25,000 and 30,000 patients each month. Patient care is delivered in one of three service areas:

1. The Emergency Walk-In Clinic (ambulatory, "drop-in" patients) has approximately 24 cubicles and sees 300-400 patients in 24 hours.

2. The Emergency Admitting Area (stretcher evaluation cases) processes approximately 200-300 patients per 24 hours. These cases may be: a) treated and released for out-patient followup; b) evaluated and expedited to associated institutions, such as detoxification centers; or c) in the case of severe illness or injury, stabilized and admitted directly to hospital wards for definitive care.

3. The Emergency Minor Trauma section, where lacerations and fractures are managed, sees 100-150 patients daily.

Each of these three sections has a section head who is a member of the clinical faculty of the USC School of Medicine, and a staff of full-time salaried physicians.

Construction on a fourth section, the Emergency Diagnostic and Evaluation Unit, was recently completed. The fifty-bed facility comprises eight to twelve Medical/Surgical Acute Care guerneys and 38 "holding" beds for patients who require up to 24 hours of further evaluation for disposition. The new section has added significantly to the teaching capabilities of the DEM.

Recent recognition of the Department of Emergency Medicine as a separate academic, as well as an administrative, department with a full complement of teaching faculty now makes it possible to offer training programs for Emergency Care Health personnel. Under the direction of Dr. Gail V. Anderson, Chief of the Department of Emergency Medicine, programs to train members of the Emergency Care team have been formalized, among which are the:

- 1) Resident Training for Physicians in Emergency Medicine.
- 2) Assistant to the Emergency Care Physician.
- 3) Emergency Medical Technicians (I and II).

Other members of the Emergency Team are being carefully analyzed to determine the necessity of additional training programs, i.e., the Nurse Practitioner in Emergency Medicine. Considerable attention is given to postgraduate and in-service training of physicians and support personnel in this growing field.

5) Sponsorship

The training program for the Assistant to the Emergency Physician is sponsored by the Los Angeles County/University of Southern California Medical Center, Department of Emergency Medicine. A consortium, composed of the Los Angeles City College for primary care and the East Los Angeles Community College for aspects of emergency care, grant credit and award the Associate of Science Degree. Both colleges are members of the Western Association of Schools and Colleges. The Department of Emergency Medicine at the Los Angeles County/University of Southern California Medical Center is responsible for conducting the program.

6) Financial Resources

Financial support for developing curriculum and administering and evaluating the training program has been granted through the National Center for Health Services Research and Development, Health Services and Mental Health Administration, United States Public Health Service, Department of Health, Education and Welfare, with some additional support from Housing and Urban Development. Cost sharing and facility support is provided by Los Angeles County/University of Southern California Medical Center. No tuition is charged; however, students pay for their own books and supplies along with tuition fees for work taken at the City Colleges. The training program is approved for students eligible for veteran's educational benefits.

7) Training Program Staff and Faculty

Medical School Officers

Franz K. Bauer, M.D.
Dean, University of Southern California
School of Medicine

Robert E. Tranquada, M.D.
Associate Dean, University of Southern
California School of Medicine

Gail V. Anderson, M.D.
Professor and Chairman, Department of Emergency
Medicine, University of Southern California
School of Medicine

Training Staff

Gail V. Anderson, M.D.
Principal Investigator and
Medical Director

Training and Evaluation

Gerald Looney, M.D.
Assistant Professor of Pediatrics and
Emergency Medicine
Associate Director, Department of
Emergency Medicine

Morrie Davidson, Ed.D.
Assistant Professor of Emergency Medicine
Program Director, Education and Training

Paul Goodley, M.D.
Clinical Director

Neena Lyon, M.Ed.
Coordinator, Curriculum and Instruction

Dean Fenton, M.A.
Research Analyst

City Colleges

George A. Wistreich, Ph.D.
Chairman, Life Sciences
Director of Allied Health Sciences
East Los Angeles Community College

Robert J. Lyon, M.A.
Coordinator of Allied Health
Chairman, Department of Life Sciences
Los Angeles City College

8) Preceptorships

This program involves practicing primary care physicians and emergency care physicians as an integral part of the training and supervision of students. The Department of Emergency Medicine offers preceptorship training in those medical settings most relevant to the training program being undertaken. Part of this Department's unique capabilities is the wealth of resources that make the primary care and emergency care aspects of the program of great benefit to the student.

The Department of Emergency Medicine functions on a twenty-four (24) hour basis and is manned by full-time emergency care physicians. The emergency care physician who is selected as a preceptor is qualified on the basis of having worked in an Emergency Department on a full-time basis for at least a minimum of one year.

Primary care preceptorship experiences are included in appropriate clinical settings, such as:

1. Walk-In Clinic, Los Angeles County/USC
Medical Center.
2. Outpatient Clinic, Los Angeles County/USC
Medical Center.
3. Los Angeles County Personnel Health Services
Clinic, Los Angeles County/USC Medical Center.

4. Pediatrics Clinic, Pediatric Pavilion, Los Angeles County/USC Medical Center.
5. Obstetrics-Gynecology Clinic, Women's Hospital, Los Angeles County/USC Medical Center.

Preceptorship in the emergency phase of the program involves assigning students to practicing emergency care physicians. The preceptorship includes experiences in:

1. Main Admitting Room, Emergency Department, Los Angeles County/USC Medical Center.
2. Emergency (Minor) trauma, Emergency Department, Los Angeles County/USC Medical Center.
3. Pediatric Emergency Department, Pediatric Pavilion, Los Angeles County/USC Medical Center.
4. Obstetrics-Gynecology Emergency Department, Women's Hospital, Los Angeles County/USC Medical Center.

All preceptors are screened and selected based on their ability to teach but always under the direct supervision of the Department's clinical coordinator.

Selection of Preceptors

The Department of Emergency Medicine assumes the responsibility for the selection of preceptors. Preceptors are selected from the University of Southern California School of Medicine, and those departments most relevant to the training program. A further basis for selection will be through the Los Angeles County Medical Association.

Preliminary interviews are conducted with the physician preceptor, where the program is explained. Interest in the program and the nature of the physician's specialty is explored. If interested, the physician is asked to sign a "Statement of Agreement" and to submit an application. Final selection of preceptors is made on the basis of the physician's professional standing, capability and willingness to teach, and understanding and willingness to participate fully in achieving the program's educational and training goals.

Functions of the Preceptor

The Department of Emergency Medicine is fortunate in that it has been funded by the Department of Health, Education and Welfare to develop a definitive clinical curriculum for both primary care and emergency care assistants. Preceptors are furnished all available curriculum materials, instructor guides, teaching resources and methods for evaluating student performance. Preceptors are also expected to be a personal model for the preceptee and to take on the added responsibility not only for developing the medical knowledge and skills required, but further for modifying student attitudes related to ethical medico-legal, socio-economic and cultural factors that are operant in the broad spectrum of patient care.

9) Clinical Facilities

The Los Angeles County/USC Medical Center complex is the principal setting for the major portion of the necessary clinical experience. The medical center is actively engaged in medical education, and both faculty and resources are

available to the students for instruction as well as clinical training.

10) Instructional Program

Based on the most current guidelines available, the program is thirty months in length, with eighteen of those months devoted to intensive clinical training. The three determinants of the length of time a student will spend in the program are: (1) The requirements of the program; (2) The requirement of an Associate Degree; and (3) The regulations as set forth by the California State Board of Medical Examiners.

For the individual student the duration of training is determined by his previous college record, equivalency credits awarded for previous medical training and experience, college courses successfully challenged by examination, and by his ability to achieve proficiency in performing the tasks required by the program.

The instructional program, both didactic and clinical, is designed to be task oriented. The didactic deals with knowledge, which is further defined to include facts, theories, and principles.

The clinical aspect of the training program is provided in the appropriate setting under close supervision of a clinical coordinator. Those aspects of the training program that do not lend themselves to pure classroom didactic sessions nor are available in the clinical departments are provided through laboratory experiences with a strong emphasis on simulation (mannequins, etc.) and the use of programmed patients.

At the completion of training, the student will be able to perform those tasks required for the assistant to the primary care physician and assistant to the emergency care physician.

11) Evaluation

The training program's evaluation mechanisms measure expected learning outcomes against actual outcomes. Three distinct areas evaluated for relevancy to training include curriculum, instruction, and learner progress.

12) Continuing Education

The improvement of proficiency in the performance of clinical skills and techniques and the necessity to learn new tasks when deemed appropriate by a dynamic emergency department points out the need for providing continuing education for graduates of this training program. The Department of Emergency Medicine at Los Angeles County/USC Medical Center is actively involved in conducting post-graduate courses for Emergency Care Physicians and other emergency care health workers. Realizing the need for upgrading the emergency care health team, the Department of Emergency Medicine provides continuing education to graduates of this training program.

d. UCLA/Charles R. Drew Postgraduate
Medical School--Educational Program
for Assistant to the Emergency
Care Physician

1) Introduction

The program for the Assistant to the Emergency Physician is sponsored by the Charles R. Drew Postgraduate Medical School in affiliation with the U.C.L.A.'s Schools of Medicine and Public Health. Los Angeles County Martin Luther King, Jr. Hospital is the site of the clinical training. Compton Community College is offering academic credits (10 semester units) for the Preceptorship in Emergency Care. Training is funded by California Regional Medical Programs and Los Angeles County.

2) Selection of Students

Initially, between two and five individuals were accepted for preceptorship. Only applicants who have completed training in a Board-approved program for the Assistant to the Primary Care Physician were considered. Selection from among qualified candidates was based on their performance in the Primary Care Program, experience before and subsequent to training, references from physicians, previously demonstrated aptitude in emergency care, and results of personal interviews.

3) Clinical and Instructional Facilities

Martin Luther King, Jr. Hospital, funded by Los Angeles County and operated by its Department of Health Services, is a 394-bed general hospital accredited by the Joint Commission

for the Accreditation of Hospitals. Open since April 1972, it is the major medical facility in the Southeast Region of Los Angeles County. It is excellently equipped and staffed; a wide range of inpatient, ambulatory, emergency and community services are provided. A fleet of County ambulances operate out of the hospital.

Emergency care is provided under the Director of Emergency Services by a staff of 16 full-time emergency physicians augmented by assigned house officers. The departments of pediatrics and obstetrics-gynecology conduct emergency care during the day in their clinics; at night these patients are seen in the emergency room. Psychiatrists, surgeons, internists, dentists and radiologists are on call for prompt consultation. An emergency radiology unit is immediately adjacent to the emergency room.

Emergency Services conducts training for house officers, nurses, and allied health personnel, including Primary Care Physician's Assistants and Emergency Medical Technicians. Primary Care Physician's Assistants spend one month in emergency care where they have received excellent instruction.

In addition to the classroom and library facilities of the King Hospital, the Drew School maintains a library of reference materials and audiovisual aids for the use of Physician's Assistant students. Each student is provided with a copy of Medical and Surgical Emergencies, J.H. Schneewind (Ed.), third edition, Year Book Medical Publishers.

4) Preceptorship in Emergency Care

The six-month preceptorship is designed to meet the training requirements of section 1379.73 in order to prepare Physician's Assistants who are able to perform the tasks listed in section 1379.74, including section 1482 of Health and Safety Code (relating to mobile intensive care paramedics).^{10/} The preceptorship is intended to build on previous training and experience as an Assistant to the Primary Care Physician.

Each emergency care task starts with a performance objective (i.e., what the preceptee should know or be able to do by the completion of training). Learning experiences and instructional methods are geared to enable the preceptee to meet the objective. Guided learning from patients under the instruction of experienced emergency care physicians constitutes the principal learning mode. But formal, systematic instruction supplements patient-care experience, as does self-study and use of audiovisual aids. Seminars in emergency care are conducted, drawing on experiences with patients to give the student a better understanding of the principles of emergency care. The seminars also cover the psychological and

^{10/} We note that Senate Bill No. 772 (Wedworth), as amended June 14, 1974, would amend section 1482, and other sections of the Health and Safety Code, so as to allow a hospital, with approval of a county health officer, to conduct a pilot program to provide services utilizing mobile intensive care field paramedics under certain specified circumstances.

socio-economic factors that are peculiar to patients seeking emergency care, and the place of emergency facilities in the spectrum of health care.

5) Curriculum

For each unit of the curriculum, an evaluation is conducted by appropriate methods: observation by preceptors of the performance with patients, performance in simulated clinical situations, or by written and oral examinations. The criteria, in the form of a checklist, for successful performance are contained in a Learning Package, which also directs the student to references and audiovisual aids, and to a protocol(s) - step-by-step set of instructions relevant to the successful performance of the respective task.

- e. Cerritos College/LACUSC Medical Center, Assistant to the Orthopedic Surgeon Program

1) Introduction

The Cerritos College Program offers to qualifying applicants an opportunity to prepare as an assistant to the orthopedic surgeon. Supported by a five-year federal grant from the Department of Health, Education and Welfare, the college has been selected as the academic focus for an orthopedic assistant training program because of (1) the high quality of allied health training available there, (2) the level of enthusiasm, (3) the college already has an orthotist and prosthetist program, and (4) Cerritos closely follows all federal guidelines.

2) Accreditation

Cerritos College is accredited by the Western Association of Schools and Colleges. The academic program affiliates closely with the Los Angeles County/USC Medical School. In addition, the academic curriculum coordinates with Rancho Los Amigos Hospital which is an affiliated hospital with the Los Angeles County/USC Medical Center. There are approximately 80 to 90 orthopedic faculty in the Los Angeles County Medical Center.

3) Faculty

An impressive orthopedic faculty has been assembled for the instruction of this program. Dr. Tillman Moore is the clinical director of the orthopedic Physician's Assistant program and is eligible to take the certifying board examination in the field of orthopedic surgery. The instruction is carried out at the Los Angeles County/USC Medical Center by orthopedic surgeons. The curriculum at the Los Angeles County Medical Center is well organized.

4) Curriculum

The educational program is four semesters in length. Admission requirements are compatible with those within the California community of schools and colleges. An associate degree is conferred upon the graduate who must complete a minimum of 65 units. In addition, the student must maintain a grade point average of 2.0 or better in all subjects. The

equivalency and proficiency testing at Cerritos College is more than adequate. An evaluation of the effectiveness of the curriculum is the subject of continuous study. The courses, their outlines and bibliography, are excellent in their thoroughness and detail. The lectures are principally under the direction of the orthopedic surgeons at the Los Angeles County Medical Center.

5) Resources

The program has ample space, classroom facilities, conference space, audiovisual material, library facilities, faculty offices, and laboratory equipment to effectively carry out the program's purposes.

6) Continuing Education

Graduates of the Cerritos Program have been advised that they may practice as an assistant to the orthopedic surgeon pending the next regularly scheduled examination by the Board of Medical Examiners, provided that such graduates can demonstrate to the Board their participation in the college's continuing education program.

CHAPTER
B

THE NUMBER OF PHYSICIANS'
ASSISTANTS APPROVED FOR
SUPERVISION

As of June 1, 1974, there were a total of 30 of the 34 graduates of the Physician's Assistant training programs at UCLA/Charles R. Drew (19) and Foothill College/Stanford University (15) approved for supervision. Twenty-one of these were granted interim approval^{11/}, three were denied such approval, and six are presently pending before either the Board or the Advisory Committee.

Of the 19 UCLA/Drew graduates, all are employed, 11 in California. Six are employed in inner city areas, one in a rural area, one in a suburban area, two in an industrial area, and one in government medicine. Seven of the graduates are apparently employed out of state; a description of their practice setting is not available.

^{11/} Section 1379.7 of the Board's regulations (Appendix, Exhibit "J") permits the Board to grant interim approval of the supervising physician's application provided that the proposed Physician's Assistant applies for and takes the first certification examination given subsequent to his successful completion of an approved educational program. The requisite exam, administered by the National Board of Medical Examiners in December 1973, is discussed in Chapter "F" of this Report.

Ten of Stanford's 15 graduates are now employed with family practitioners, the majority in rural areas. (See Exhibit "I", Appendix, which is a geographical description of graduates by employment sites.)

Among 23 of the employed Physician's Assistants, three are receiving monthly salaries of \$800.00; five are receiving \$900.00; seven are receiving \$1,000.00; seven are receiving \$1,200.00; and one is receiving \$1,500.00.

The Board and the Advisory Committee would be pleased, on request, to furnish to the Legislature whatever supplementary information becomes available concerning the number and location of future graduates of primary care or specialty training programs.

CHAPTER
C

THE EDUCATION AND QUALIFICATIONS
OF EACH PHYSICIAN'S ASSISTANT

The education, background, and health care experience of each Physician's Assistant has been discussed above in Chapter "A" of this Report relative to each of the respective training programs approved by the Board.

It can generally be stated that the first 19 graduates of the UCLA/Drew Program were of military (medical corpsmen) backgrounds, while succeeding classes have consisted not only of medical corpsmen but also of nurses and other persons who have had direct patient experience. (See Exhibit "F" , Appendix). The recently approved emergency care program at Drew has admitted for training only those applicants who have already completed a Board-approved program for Assistant to the Primary Care Physician.

Students in the second principal primary care program at Stanford have completed their first year of training at Foothill Community College for their Associate Arts degree (51 1/2 units), including anatomy, physiology, sociology, microbiology, and other subjects. A number of the students entering the program have completed these requirements at another community college, or are already prepared at the

baccalaureate level or higher and thus participate mainly in the second year or clinical portion of the curriculum.

The LAC/USC primary and emergency care programs, like the Drew program, began with a number of discharged medical corpsmen in the emergency department of its hospital. The program now requires an academic background of traditional college credits, vocational units, or a combination of both. The clinical background is met by different sources of vocational training and experience--medical corpsmen training, accredited nursing school, accredited vocational nursing, or other approved and relevant health care assistant programs. Selection of the students is described in Chapter "A" of this Report.

The orthopedic Physician's Assistant program at Cerritos requires that the student complete four semesters (65 units) of training, with a grade point average of 2.0 or better. At completion, an associate degree is conferred. Approximately one-half, or 7, of the 15-member class have had clinical experience prior to entering the program. Of four students interviewed by the Advisory Committee, all were over 24 years of age and married. One had obtained a B. S. degree, another an A. A. Two worked part time as orthopedic technicians while going to school. All were extremely capable, stable, and sincere in their effort to become effective members of the health care team.

CHAPTER
D

BACKGROUND CONCERNING THE NUMBERS
OF PHYSICIAN'S SUPERVISING ASSIST-
ANTS, THEIR SPECIALTIES, AND THE
COUNTIES IN WHICH THEY PRACTICE

Fifty-one applications to supervise a Physician's Assistant have been filed with the Board. Of these, 31 have been approved, six denied, and 14 are pending review by the Advisory Committee and the Board.

Presented below is a listing of approved supervising physicians, their geographical area of practice, and medical specialty, if any, together with the name of the respective Physician's Assistant supervised. It is interesting and encouraging to note that the greater majority of Physician's Assistants are practicing in predominantly rural areas, such as Garberville, Needles, Merced, Hanford, Corning, Cayucos, and similar areas where the need for primary health care is greatest.

<u>PHYSICIAN</u>	<u>PHYSICIAN'S ASSISTANT</u>	<u>AREA OF PRACTICE</u>	<u>SPECIALTY</u>
Roberts, Edwin A.	Arendsee, Marjorie	Hayward	Family & General Surgery
Joshi, Chandrashekhar Julian, Caesar	Baltierra, Juan	Simi Valley	Family Family
Adrian, James E. Bessemer, Raymond A.	Bos, Larry Allen	Merced	Family Family
Adams, Walter C. Anglin, John V. Maytum, Jarry R. Rickard, Dwight F.	Casaletto, Harold P.	Merced	Family (Surgery) Family (Surgery) Family (GP) Family (OB & Surg)
Phelps, Jerold	Cory, Robert L.	Garberville	

<u>PHYSICIAN</u>	<u>PHYSICIAN'S ASSISTANT</u>	<u>AREA OF PRACTICE</u>	<u>SPECIALTY</u>
Lusher, Frank	Pedraza, Albert	Los Angeles	Family
Loeb, Phillip Patterson, Harold	Ramsel, Victoria	Fremont	Industrial
Creary, Ludlow	Rhodeman, Russell	Los Angeles	Family
Bernstein, Eli Reiner, Edwin Zetterlund, Russell	Rosoff, Michael	San Diego	Family (Ped., Gen.) Family Pediatrics
Clarke, Angela Klaz, Gerald	Ruiz, Francisco	Los Angeles	Family General
Nash, James Pickering, Lloyd	Schreiman, Judith	King City	Family Family
Reilly, Philip	Scott, Robert	Carmichael	Family
Register, Willard	Dunniway, Michael	Sunnyvale	GP
Patterson, Harold Gaenslen, Eugene	Estis, Robert J.	San Francisco	Industrial Internal Medicine
Richardson, Darwin	Grim, Norton L.	Needles	Family
Davia, Mary Pevida, Emilio Roberts, Pauline	Hernandez, Daniel	Los Angeles	Family Pediatrics
Arons, Joseph J. Hockwald, Robert S. Merchant, Richard K. Palmer, Robert D. Peters, Francis W. Rothenberg, Edgar J.	Kindrell, Donald	San Francisco	Industrial Industrial Industrial Industrial Industrial
Richardson, Darwin	Dellwo, Gerard Paul	Needles	Family
Levine, David L.	deLeon, Rick	Los Angeles	Family & Industrial
McGee, Jay E.	DePute, Larry Byan	Arcata	Family
Brookshier, Russell Sorensen, Neil F.	Kirk, Jerry B.	Hanford	Family Family
Ingle, Gerald W.	Massie, Don Carl	Corning	Family
Beck, William Traylor, Adolphus	McClellan, Robert	Los Angeles	Family Gen. Surgery
Harward, Thomas	Meyers, William	Needles	Family & Surgery
Bare, Grant	Miller, Kenneth	Modesto	Family
Fassett, James	Noriega, Sergio	Gonzales	Family
Truesdell, Duane	Piercefield, Edward	Cayucos	Family
Anderson, Hjalmar	Sipots, Carl A.	Inglewood	Family
Feldsher, Murray Hart, David	Tobin, Clifford	Commerce	Family (Indust.) Family (Indust.)
Williams, Donald	Witcosky, Robert	Sunnyvale	Family

CHAPTER
E

THE SCOPE OF PRACTICE
OF APPROVED PHYSICIAN'S
ASSISTANTS

The material submitted in Chapter "D" of this Report is a helpful indicator concerning the area of practice of the approved (and employed) Physician's Assistant. Virtually all of the approved Physician's Assistants will be engaged in primary health care for families in the office or clinic settings of physicians in private or group practice. Five will provide health care in industrial settings, and an even smaller number will aid primary care physicians with pediatric patients.

The Board and the Advisory Committee have viewed with disfavor those applications of physicians who spend considerable portions of their office time in a given specialty rather than primary care. The Board considers that the spirit and intent of its laws and regulations is to require that an assistant to the primary care physician not be supervised by other than a physician who delivers primary health care. Specialists, such as orthopedists, may only supervise an approved Physician's Assistant who has qualified in that specialty under the laws and regulations.

It is at all times assumed that neither the Physician's Assistant nor the supervising physician will engage in medical tasks beyond those permitted in the regulations.

CHAPTER
F

RECOMMENDATIONS FOR ESTABLISHING
A PERMANENT PROGRAM OF CERTIFICATION
OR LICENSURE OF PHYSICIAN'S ASSISTANTS

INTRODUCTION

All of the regulations of the Board governing the approval and practice of Physician's Assistants, and their supervising physicians, are appended to this Report as Exhibit "J" .

In its December 1971 Report,^{12/} the Advisory Committee and the Board set forth 12 separate regulations then pending approval by the Board for filing with the Secretary of State:

1. Section 1379: Physician's Assistants Defined.
2. Section 1379.1: Approval of Educational Programs; Applications.
3. Section 1379.5: Application For Approval to Supervise.
4. Section 1379.20: Definition of Assistant to the Primary Care Physician.
5. Section 1379.21: Definition of Primary Care Physician.
6. Section 1379.22: Definition of Supervision.

^{12/} See pages 14-24 of (Interim) Report of the Board of Medical Examiners re Physicians' Assistants (December 31, 1971), filed by the Honorable James D. Driscoll, Chief Clerk of the Assembly on June 5, 1972 (Assembly Journal, page 56).

7. Section 1379.23: Tasks Performable by an Assistant to the Primary Care Physician.
8. Section 1379.24: General Requirements of an Educational Program for an Assistant to the Primary Care Physician.
9. Section 1379.25: Curriculum Requirements of an Educational Program for an Assistant to the Primary Care Physician.
10. Section 1379.40: Definition of an Assistant to the Specialist Physician.
11. Section 1379.41: General Requirements of an Educational Program as an Assistant to the Specialist Physician.
12. Section 1379.60: Curriculum Requirements of an Educational Program for an Assistant to the Orthopedic Physician.

Said regulations were filed with the Secretary of State on January 19, 1972, as new Article 15 of Title 16, Chapter 13, California Administrative Code, and were effective on February 19, 1972. Subsequent to that time, various amendments to sections 1379, 1379.20, 1379.40, and 1379.41 were approved by the Board and duly filed.

The Board has now promulgated and filed 14 additional regulations as follows:

1. Section 1379.2: Patient Consent.
2. Section 1379.3: Proceedings under the Administrative Act.
3. Section 1379.4: Prior Approval to Supervise.
4. Section 1379.7: Grounds for Denying Approval to Supervise a Physician's Assistant.
5. Section 1379.8: Grounds for Revoking, Suspending, or Placing on Probationary Status Approval to Supervise Physician's Assistants.

6. Section 1379.9: Billing for Medical Services Rendered by the Physician's Assistant.
7. Section 1379.26: Requirements for Preceptorship Training.
8. Section 1379.27: Requirements of Preceptors.
9. Section 1379.28: Identification of an Assistant to the Primary Care Physician and Trainees in Approved Programs.
10. Section 1379.42: Identification of an Assistant to the Specialist Physician and Trainees in Approved Programs.
11. Section 1379.61: Definition of an Orthopedic Surgeon.
12. Section 1379.62: Definition of Supervision of an Assistant to the Orthopedic Surgeon.
13. Section 1379.63: Tasks Performable by an Assistant to the Orthopedic Surgeon.
14. Section 1379.64: Curriculum Requirements of an Educational Program for an Assistant to the Orthopedic Surgeon.

The Advisory Committee and the Board are effecting a complete regulatory scheme whose principal aim is to protect the public. This goal is tempered by the need for an expeditious, yet thorough, certification or licensing process for both the Physician's Assistant and his supervising physician. Now that there are now some thirty Physician's Assistants approved for supervision and employed in the State (see Chapter B, supra), the Board has been apprised of certain difficulties with the regulations in actual practice. The most vocal critics have been the directors of the two primary care Physician's Assistant programs at Drew and Stanford, whose concerns are nearly identical:

1. The need for streamlining the approval of both the Physician's Assistant and the supervising physician (§ 1379, et seq.) 13/;
2. A clarification and/or liberalization of the regulation defining "supervision" (§ 1379.22);
3. A more workable "patient consent" form (§ 1379.2); and
4. Enlarging by regulation the number of tasks legally performable by the Physician's Assistant (§ 1379.23).

1. THE ADVISORY COMMITTEE QUESTIONNAIRE

To clarify, amend, or repeal its regulations, and to better utilize the Physician's Assistant in a manner consistent with quality patient care, the Advisory Committee mailed to physician employers and to approved Physician's Assistants a questionnaire relative to the subjects of patient consent, applications to supervise, supervision of the Physician's Assistant, and tasks performable by the Physician's Assistant. The actual questionnaire, mailed on April 2, 1974, to 13 Physician's Assistants and to 24 supervising physicians, is

13/ As recently as July 12, 1974, Dr. Raymond Kivel, Director of the Drew primary care Physician's Assistant program, addressed a letter complaint to Assemblyman Gordon Duffy concerning the difficulties experienced by three Physician's Assistants and various physicians in obtaining approval from the Board. The Board will not abrogate its responsibility to disapprove applications in those instances warranted either by the face of the application or by independent inquiries undertaken by the Board's consultants and investigators. Absent a patent, arbitrary abuse of its authority, such issues should be litigated in an administrative or judicial forum, not in the State legislature. The Board is streamlining the approval of acceptable applications and will address itself to each of these and other issues in the remainder of its Report.

included herein as Exhibit "K" . The results were considered, and are further discussed in the recommendations which follow.

2. PROPOSED AMENDMENTS TO THE BOARD'S REGULATIONS

a) Patient Consent

Section 1379.2 of the Board's regulations requires that any patient rendered general medical or surgical services by a Physician's Assistant first be informed by the physician that such services are to be performed by a Physician's Assistant and consent to the services in writing. Consent must be obtained annually or as often as the patient is treated by a different Physician's Assistant. An exception to the requirement of patient consent has been created for treatment by the Physician's Assistant in life-threatening emergencies. 14/

By a three-to-one ratio, those sampled in the Advisory Committee's April 1974 questionnaire felt that the patient consent form was workable. However, it was felt by the respondents that yearly or annual approval is unnecessary. The Board and Advisory Committee agree, and propose to amend 15/ section 1379.2 as follows:

14/ This same regulation imposes similar requirements to students and preceptees, a violation of which is cause for withdrawal of the Board's approval of the educational program.

15/ Throughout the remainder of this Report, proposed additions to the regulations are underlined and deletions stricken.

"Section 1379.2. Patient Consent. No Assistant to the Primary Care Physician or Specialist Physician shall render general medical services to any patient except in life threatening emergencies unless said patient has first been informed that general such medical services will be rendered by that Assistant under the supervision of the Primary Care Physician or Specialist Physician and has consented thereto in writing, prior to performance to permit such rendering of general medical services by said Assistant. Said consent must be obtained on an annual basis or as often as the patient is treated by a new Assistant. In cases wherein the medical service to be rendered by the Assistant is surgical in nature except in life threatening emergencies, the patient on each occasion must be informed of the procedure to be performed by the Assistant under the supervision of the Primary Care Physician or Specialist Physician and have consented in writing prior to performance to permit such rendering of the surgical procedure by said Assistant.

"It shall be the responsibility of the supervising Primary Care Physician or Specialist Physician to obtain the patient consent herein required and failure to do so may result in the withdrawal by the Board of approval to supervise an Assistant as more specifically set forth in Section 1379.9 herein.

"No student including preceptees in any approved program for the instruction of an Assistant to the Primary Care Physician or Specialist Physician shall render general medical services to any patient except in life threatening emergencies unless said patient has first been informed that general medical such services will be rendered by that student under the supervision of the program's instructors or preceptors and has consented thereto in writing, prior to performance to permit such rendering of general medical services by said student. Said consent must be obtained on an annual basis or as often as the patient is treated by a new student. In cases wherein the medical service to be rendered by said student is surgical in nature except in life threatening emergencies, the patient on each occasion must be informed of the procedure to be performed by that student under the supervision of the program's instructors or physician preceptors and have consented in writing prior to

performance to permit such rendering of the surgical procedure by said student. The foregoing requirements pertaining to medical services surgical in nature shall be applied to those instances wherein the student is to assist the instructor or physician preceptor in the rendering of such medical services. It shall be the responsibility of the approved educational program to assure that the instructors or physician preceptors obtain the patient consent herein required. Failure to obtain the necessary consent may result in the withdrawal by the Board of approval of the educational program."

There is simply no justification for requiring the patient to consent to each and every service of the Physician's Assistant once the patient has been informed of, and has consented to, such services upon initial contact with the physician. By the foregoing amendment the onerous and unnecessary administrative burden of annual, or repeated, consent is obviated.

b) Supervision

Section 1379.22, defining supervision of the Physician's Assistant, was arrived at only after careful consideration of (1) the independence of the Physician's Assistant and (2) the delivery of competent health care to the patient. The Board carefully avoided any requirement that the supervising physician be "physically present" when services were rendered by the assistant. This was due in large part to extensive testimony received by the Advisory Committee concerning the manpower effectiveness of an Assistant where the supervising physician was required to be present all or most of the time.

Fewer subjects have received the attention of both the Board and the Advisory Committee as the matter of supervision. Although the Advisory Committee found from its April questionnaire that physicians and the assistants alike understood the Board's regulation defining supervision, they failed to recognize the leeway or exceptions which deleted the requirement of supervision where history and physical examinations and routine laboratory studies were part of a standard format of practice.

Section 1379.22 16/ should therefore be clarified. It is proposed that the section be repealed in its entirety, and in lieu thereof a new section to read as follows:

"Section 1379.22. Definition of Supervision.

"Supervision' of an Assistant to the Primary Care Physician within the meaning of this Article refers to the responsibility of the supervising physician to review with both the Assistant and the patient the findings of the history, physical examination, and incidental laboratory, radiographic or other diagnostic procedure undertaken by the Assistant before the initiation of any therapeutic procedure.

"The supervising physician shall not only review, but shall be consulted prior to the rendering of those diagnostic procedures which are not part of a routine history or physical examination. Supervision is not required (a) where the Assistant is attending a patient in a life-threatening emergency pending arrival of the supervising physician, or (b) where the Assistant is attending the chronically ill at home, extended care

16/ The definition of "supervision" of assistants to the orthopedic surgeon (§ 1379.60) and of assistants to the emergency care physician (§ 1379.72) will also be amended so as to conform to the wording of the amendment to the general definition of supervision in section 1379.22, set out above.

"facility, or nursing home merely for the purpose of collecting data for the information and use of the supervising physician."

This amendment will clarify the Board's intent that prior consultation is only required for those diagnostic or therapeutic procedures which are not part of a routine history and physical or follow-up examination undertaken by the Assistant. Diagnostic and therapeutic procedures outside the normal scope of a routine history and physical must receive the attention of a physician prior to their implementation by the Assistant.

c) The Application Process

It is proposed that the current application process 17/ be streamlined. At the present time, the application of a supervising physician entails undue administrative delay, often while the Advisory Committee is merely seeking additional information from the applicant. The intent of the Physician's Assistant Law, i.e., to bring needed primary care to the public, is weakened in the process.

The Board now seeks to affect a smooth union of the assistant and his supervising physician through a simplified administrative procedure, while maintaining fair, and equally-

17/ A copy of the required Application to Supervise a Physician's Assistant, as currently utilized by the Board, is included as Exhibit "L" to the Appendix.

applied, standards for approval.

Under the statutes and regulations proposed herein, the Advisory Committee ("Physician's Assistant Examining Committee") will be delegated most, if not all, of the acts and functions pertaining to the licensure and certification of Physician's Assistants. A threshold review of all applications by the Staff of the Advisory Committee will be made for compliance as to form and content and, compliance having been favorable determined, prompt approval will be sought from the Advisory Committee members by mail vote. 18/ Those applications found wanting in facts or supporting data that cannot be obtained by staff will be referred to the full Advisory Committee for further review and appropriate action at its next regularly scheduled monthly meeting.

Approval of either the supervising physician or his assistant should not be based on an actual, or even potential, employment relationship between the two. Rather, approval of either applicant should be predicated on their individual and independent qualities. A physician or a Physician's Assistant should receive the Committee's approval regardless of employment. Accordingly, sections 1379.5, 1379.7, 1379.8, 1379.21, 1379.61, and 1379.71 of the Board's regulations must therefore be amended, as follows:

18/ This is currently the procedure followed by the Board of Medical Examiners for the approval of applications for the physician's and surgeon's certificate. The approval-by-mail vote is validated by the full Board at its next regularly scheduled meeting.

"Section 1379.5. Application for Approval to Supervise.

"Approval to supervise a particular Physician's Assistant may be obtained by each proposed Supervising Physician filing an application with the Board on forms provided by said Board, which shall include the following:

(a) The qualifications; including related experience; possessed by the proposed Physician's Assistant; information pertaining to general education background; education as a Physician's Assistant; enrollment in allied health programs; enrollment in continuing education programs subsequent to graduation as a Physician's Assistant; and related patient oriented health care experience. The application should indicate when the appropriate California certification examination was passed by the proposed Physician's Assistant.

(b) (a) The professional background and specialty of the proposed Supervising Physician, information pertaining to the medical education, internship and residency of said physician, enrollment in continuing education programs by said physician, membership or eligibility therefor in American Boards in any of the recognized areas of medical specialty by said physician, hospitals where staff privileges have been granted, the number of said physician's certificate to practice medicine and surgery in the State of California, and such other information the Board deems necessary. Participation by the proposed Supervising Physician as a preceptor in an approved educational program for an Assistant to the Primary Care or Specialist Physician should be indicated and whether the proposed Physician's Assistant was supervised by said physician pursuant to such preceptorship program. The application should indicate the number of other Physician's Assistants supervised by the proposed Supervising Physician and whether any other applications to supervise a Physician's Assistant have been filed with the Board which are then pending.

(c) (b) A description by the physician of his practice, including the nature thereof and the location and the way in which the Assistant is to be utilized.

A separate application must be filed for each Physician's Assistant to be supervised by a licensed physician."

"Section 1379.7. Grounds for Denying Approval to supervise a Physician's Assistant. The Board may deny an application by a licensed physician to supervise a particular Physician's Assistant when the Board finds:

(a) The proposed Supervising Physician does not have a valid unrevoked and unsuspended certificate as a physician and surgeon issued by the Board.

(b) The proposed Supervising Physician has been found guilty of unprofessional conduct as defined in Chapter 5 of Division 2 of the Business and Professions Code within five years prior to the application. A decision of the Board within said period pursuant to a proceeding in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall be conclusive evidence of said unprofessional conduct.

(c) The proposed Physician's Assistant or Supervising Physician have has violated or aided or abetted in violating any of the provisions of Article 18 of Chapter 5 of Division 2 of the Business and Professions Code.

(d) The proposed Supervising Physician is not by reason of professional background, medical education, specialty, or nature of practice, sufficiently qualified to supervise the particular a Physician's Assistant.

(e) The proposed Physician's Assistant has not passed the appropriate certification examination required under this article. However, the Board may grant interim approval of the application provided that the proposed Physician's Assistant applies for and takes the first certification examination given subsequent to his successful completion of an approved educational program. If the proposed Physician's Assistant fails said certification examination, the interim approval shall terminate upon notice thereof by certified mail to the Supervising Physician or in no case later than the date specified by the Board when granting said interim approval.

(f) The proposed Physician's Assistant by reason of education and related patient oriented health care experience is not qualified to perform direct patient care services under the supervision of the proposed Supervising Physician.

(g) (e) The proposed Supervising Physician has not participated in and met the minimum requirements of a continuing educational program satisfactory to the Board.

(h) The proposed Physician's Assistant has not participated in and met the minimum requirements of an appropriate continuing educational program established pursuant to either Section 1379.24(m) or Section 1379.41(m) herein."

"Section 1379.8. Grounds for revoking, suspending, or placing on probationary status approval to supervise Physician's Assistants. The Board may revoke, suspend, for not more than one year, or place on probationary status approval to supervise a **particular** Physician's Assistant when the Board finds:

(a) The approved Supervising Physician has been guilty of unprofessional conduct as defined in Chapter 5 of Division 2 of the Business and Professions Code. A decision of the Board pursuant to a proceeding in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall be conclusive evidence of said unprofessional conduct.

(b) ~~The~~ A Physician's Assistant has rendered medical services not authorized under this article regardless of whether or not the approved Supervising Physician had knowledge of the unauthorized act or acts.

(c) The approved Supervising Physician has failed to exercise the applicable supervision required under this Article.

~~(d)~~ Failure of the Physician's Assistant to participate in and meet the minimum requirements of an appropriate continuing education program established pursuant to either Section 1379.24(m) or Section 1379.41(m) herein.

~~(e)~~ (d) Failure of the Supervising Physician to participate in and meet the minimum requirements of a continuing education program satisfactory to the Board as set forth in section 1379.6 of these regulations.

~~(f)~~ (e) The certificate of approval to supervise a **particular** Physician's Assistant was procured by fraud or misrepresentation.

~~(g)~~ The Physician's Assistant has committed any of the acts under this article constituting grounds to revoke, suspend, or place on probationary status the certificate to practice as a Physician's Assistant by the Board.

~~(h)~~ (f) Failure of the Supervising Physician to obtain the required consent as set forth in Section 1379.2 herein.

~~(i)~~ (g) Failure of the approved Supervising Physician to comply with the billing requirement for medical services rendered by ~~the~~ a Physician's Assistant as set forth in section 1379.9 herein."

"Section 1379.21. Definition of Primary Care Physician. For purposes of this Article, a Primary Care Physician is a physician, approved by the Board to supervise a particular an Assistant to the Primary Care Physician, who evaluates his patients' total health care needs and who accepts initial and continuing responsibility therefor."

"Section 1379.61. Definition of an Orthopedic Surgeon. For purposes of this Article, an orthopedic surgeon is a physician, approved by the Board to supervise a particular an assistant to the orthopedic surgeon, who is certified by or eligible to take the examination for certification by the American Board of Orthopedic Surgery and whose medical practice is limited to the clinical specialty of orthopedics."

"Section 1379.71. Definition of an Emergency Care Physician. For purposes of this Article an Emergency Care Physician is a physician approved by the Board to supervise a particular an Assistant to the Emergency Care Physician whose medical practice involves either full time or part time rendering of emergency care in an accredited institution."

It is recommended that Business and Professions Code section 2516(a), which requires the inclusion of the assistant's qualifications on the physician's application be deleted by the Legislature (See page 83 of this Report, infra). Grounds for disapproval of the physician based on deficiencies in the assistant's application will thereafter be deleted in the Board's regulations as suggested above. If approval of an assistant is denied, revoked, or suspended, by these proposed statutory and regulatory changes an approved physician will be able to retain and employ other approved assistants without a separate application. The newly hired assistant is then required by regulation to inform the Board of his employer in order that section 2516 of the Business and

Professions Code, prohibiting the supervision of more than two assistants, may be enforced (See new section 1379.14 of the regulations set out at page 76, infra).

Two separate registers, one for approved supervising physicians and another for approved assistants, will be maintained at the Board's Office in Sacramento. A list of Board-approved physicians and assistants will be maintained for the use and information of interested parties. (See new section 2523 to the Business and Professions Code, page 82, infra.)

Annual renewal of Board-approved applications will be changed so as to require renewal but once every two years, or biennially, concurrently with the renewal of the certificates of physicians and surgeons (See new section 1379.14 of the regulations, infra, page 76).

d. Performable Tasks

Section 1379.23 of the Board's regulations excludes pelvic and endoscopic examinations as tasks which may lawfully be performed by the Physician's Assistant. The Advisory Committee's questionnaire has demonstrated by a three-to-one ratio that physicians feel such tasks should be included as tasks incident to the screening examination. The Board and Advisory Committee agree. Section 1379.23 should be amended in pertinent part as follows:

"Section 1379.23. Tasks Performable by an Assistant to the Primary Care Physician. An Assistant to the Primary Care Physician should be able to perform, under the responsibility and supervision of the Primary Care Physician, selected diagnostic and therapeutic tasks in each of the five major clinical disciplines (Medicine, Surgery, Pediatrics, Psychiatry and Obstetrics).

"Specifically and by way of limitation, an Assistant to the Primary Care Physician should be able to:

"(a) Take a complete, detailed and accurate history; perform a complete physical examination, when appropriate, ~~excluding pelvic and endoscopic examination~~; and record and present pertinent data in a manner meaningful to the Primary Care Physician.

"(b) Perform and/or assist in the performance of the following routine laboratory and screening techniques:

"(1) The drawing of venous blood and routine examination of the blood.

"(2) Catheterization and the routine urinalysis.

"(3) Nasogastric intubation and gastric lavage.

"(4) The collection of and the examination of the stool.

"(5) The taking of cultures.

"(6) The performance and reading of skin tests.

"(7) The performance of pulmonary function tests ~~excluding endoscopic procedures~~.

"(8) The performance of tonometry.

"(9) The performance of audiometry.

"~~(10)~~ The taking of EKG tracings.

"(10) The performance of endoscopic procedures, limited to nasoscopy, otoscopy, and anoscopy.

"(11) The performance of pelvic examinations, including bimanual examinations and the taking of Pap smears.

"(12) The taking of EKG tracings.

"(c) Perform the following routine therapeutic procedures:

"(1) Injections.

"(2) Immunizations.

"(3) Debridement, suture and care of superficial wounds.

"(4) Debridment of minor superficial burns.

"(5) Removal of foreign bodies from the skin.

"(6) Removal of sutures.

"(7) Removal of impacted cerumen.

"(8) Subcutaneous local anesthesia, excluding any nerve blocks.

"(9) Anterior nasal packing for epistaxis.

"(10) Strapping, casting and splinting of sprains.

"(11) Removal of casts.

"(12) Application of traction.

"(13) Application of physical therapy modalities.

"(14) Incision and drainage of superficial skin infections.

"(d) Recognize and evaluate situations which call for immediate attention of the Primary Care Physician and institute, when necessary, treatment procedures essential for the life of the patient.

"(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health, such as diets social habits, family planning, normal growth and development, aging, and understanding of, and long term management of their disease.

"(f) Assist the Primary Care Physician in the hospital setting by arranging hospital admissions under the immediate direction of said physician; by accompanying the Primary

"Care Physician in his rounds and recording physician's patient progress notes; by accurately and appropriately transcribing and/or executing specific orders at the direction of the Primary Care Physician; by compiling and recording detailed narrative case summaries; by completing forms pertinent to the patient's medical record.

"(g) Assist the Primary Care Physician in the office in the ordering of drugs and supplies, in the keeping of records, and in the upkeep of equipment.

"(h) Assist the Primary Care Physician in providing services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including the review of treatment and therapy plans.

"(i) Facilitate the Primary Care Physician's referral of patients to the appropriate health facilities, agencies and resources of the community.

"An Assistant to the Primary Care Physician should have understanding of the socio-economics of medicine, of the roles of various health personnel and of the ethics and laws under which medicine is practiced and governed.

"In addition to the tasks performable listed herein an Assistant to the Primary Care Physician may be permitted to perform under supervision of the Primary Care Physician such other tasks except those expressly excluded herein in which adequate training and proficiency can be demonstrated in a manner satisfactory to the Board."

The enlargement of performable tasks by the inclusion of pelvic examinations and endoscopy are consistent with the Board's intent that the assistant be permitted to implement procedures where adequate training and proficiency in such procedures have been established.

e. Examination and Reexamination
of the Physician's Assistant

1) The National Board Examination

The Board has adopted as the requisite examination

for approval as a primary care or emergency care 19/ Physician's Assistant the "Primary Care Physician's Assistants Examination" administered by the National Board of Medical Examiners.

The first examination, administered in December of 1973, was taken by virtually all of those California graduates who had been granted interim approval to practice as Physician's Assistants pursuant to section 1379.7 of the regulations. 20/ A narrative of the December examination is appended hereto as Exhibit "M". The examination was taken by 880 persons and represented approximately 38 separate training programs throughout the nation.

The examination was divided into two sections - the first (multiple choice) was designed to assess the candidate's skill in applying knowledge related to clinical material presented in printed and pictorial form; the second consisted of a programmed testing technique involving simulated clinical

19/ Section 1379.74 of the Board's regulations requires programs for education of an Assistant to the Emergency Care Physician to meet the general education requirements of a primary care program under section 1379.24.

20/ Section 1379.7 reads in pertinent part as follows:

". . . the Board may grant interim approval of the application provided that the proposed Physician's Assistant applies for and takes the first certification examination given subsequent to his successful completion of an approved educational program. If the proposed Physician's Assistant fails said certification examination, the interim approval shall terminate upon notice thereof by certified mail to the Supervising Physician or in no case later than the date specified by the Board when granting said interim approval."

cases in adult and pediatric medicine designed to assess the candidate's skill in gathering pertinent information about patients and in making appropriate management decisions. A maximum of 610 scoreable units was based on both sections of the examination. Given the 400-point recommended pass level, approximately 12.5 percent of the examinees failed the examination.

The Board is presently engaged in discussions with Dr. Barbara Andrews of the National Board to assist in the construction of future examinations, to allow for their administration at locations agreeable to the Board (including appropriate Board proctors), to review the results of the examinations in greater detail, and to reach what is considered a reasonable pass level for California applicants. As to the latter of these four issues, the Board has set 400 points as the pass level for the December 1973 examination (See new section 1379.12 of the regulations, page 76 , infra).

It is interesting to note (See Exhibit "M") that 62 percent of all applicants received their training in Physician's Assistant training programs, 29 percent in "Medex" (federally supported) programs, and 9 percent in nurse practitioner programs. The vast majority (89 percent) completed all necessary training, even the necessary clinical experience (81 percent), prior to the examination. A great number (91 percent) had been involved in health care delivery prior to being trained as a Physician's Assistant or Nurse Practitioner. The identity of the programs whose graduates participated in the National Board examination,

a biographic study of the applicants, and the examination's statistical properties (difficulty and reliability) are included in Exhibit "M".

The tasks performable by an Assistant to the Primary Care Physician, enumerated in Section 1379.23 of the Board's regulations, are all included in the national certification examination. Said tasks were part of 900 health care tasks inventoried by the National Board. Although the National Board will recommend pass/fail standards, each state regulatory body will have the ultimate responsibility for licensure and certification of the Physician's Assistant. Dr. Barbara Andrews indicated that the National Board continues its research to update the examination and to find means of assessing a wider range of skills.

The recommended pass level will continue to receive the attention of the Board and Advisory Committee (See Exhibit "N".) 21/ as will the relevance of the examination's contents to the scope of permissible California practice. The National Board will also be requested to administer the examination at a time which more closely coincides with graduation dates.

21/ As indicated in that exhibit, examination consultants of the Department of Consumer Affairs have concluded that the national passing score should be adopted in California absent substantive reasons for departing from such score.

2) Reexamination

The Board and Advisory Committee recommend that individuals be allowed to take the written National Board examination three times. Upon failure of the first examination, the student will lose interim certification and may not practice until the second examination is passed. If the second examination is failed, the student must then present evidence to the Board of the student's participation in a continuing education program before the Board will acknowledge the results of the third examination taken. (See new section 1379.13 of the regulations, infra, page 76.) The student has the responsibility to report examination results to the Board, and to notify the Board of a change of address or employment status. (See new section 1379.14 of the regulations, page 76, infra.)

f. Clinical Residence

Pursuant to section 1379.25 of the Board's regulations, "no student [of a primary care educational program] shall be graduated unless a minimum period of one year is spent in residence in full-time clinical training with direct patient contact." (Brackets and emphasis added.) This requirement should be retained. However, it will be the policy of both the Board and Advisory Committee to allow interim certification of recent program graduates of an approved educational program where there exists documentation that such clinical training when completed met the requirements of the regulations even

though such training preceded the approval of the educational program.

g. Preceptorship in Specialty Programs

All Physician's Assistant educational programs in a given specialty should have a minimum preceptorship of three months. Section 1379.41 of the Board's regulations, which establishes the general requirements for all specialty programs, should therefore be amended as follows:

"Section 1379.41. General Requirement of an Educational Program as an Assistant to the Specialist Physician. An educational program for instruction as an Assistant to the Specialist Physician in any recognized clinical specialty shall meet the following general requirements, as well as specific curriculum requirements for the particular specialty more specifically set forth herein, for approval:

"(a) The program shall establish that its theoretical and clinical training program produces an Assistant to the Specialist Physician necessary to the effective delivery of medical services within that specialty.

"(b) Candidates for admission shall have successfully completed an approved high school course of study or have passed a standard equivalency test. Prior clinical experience in direct patient contact is recommended for each candidate.

"(c) The educational program shall be established in educational institutions approved by the Board which meet the standards of the Western Association of Schools and Colleges or any accrediting agency recognized by the National Commission on Accrediting and which are affiliated with Board approved clinical facilities associated with a medical school approved by the Board.

"(d) The educational program shall develop an evaluation mechanism satisfactory to the Board to determine the effectiveness of its theoretical and clinical program compatible with statewide standards, the results of which must be made available to the Board annually.

"(e) Course work shall carry academic credit. Upon successful completion of the theoretical and clinical program the student shall receive an Associate of Arts or Science Degree.

"(f) The educational program shall establish equivalency and proficiency testing and other mechanisms whereby full academic credit is given for past education and experience in the courses of the curriculum required for the particular specialty, more specifically set forth herein.

"(g) The director of the educational program must be a licensed physician who is certified as or eligible to be a member of the American Board for the particular specialty and who holds a faculty appointment at the educational institution.

"(h) Instructors in the theoretical program and clinical training program shall be competent in their respective fields of instruction and clinical training and be properly qualified.

"(i) The educational program shall establish a definitive candidate selection procedure satisfactory to the Board.

"(j) The number of students enrolled in the theoretical program should not exceed the number that can be clinically supervised and trained.

"(k) The educational program shall establish resources for continued operation of the training program through regular budgets, gifts or endowments.

"(l) The educational program shall have an elective period, preferably near the end of the program, to permit the student to gain knowledge of subjects which pertain to the clinical specialty and the student's particular intended employment thereof.

"(m) The educational program shall establish a continuing clinical educational program for Assistants to the Specialist Physician in the particular specialty.

"(n) Except as otherwise provided in these regulations, the educational program shall require a three-month preceptorship for each student in the outpatient practice of a Specialist Physician as the final part of the educational program.

"(n) (o) An educational program approved by the Board as meeting the general requirements above and specific curriculum requirements established in this Article for the particular curriculum specialty shall notify the Board whenever a change occurs in the directorship of the educational program or when major modifications in the curriculum are anticipated.

"(e) (p) Failure of an educational program to continue compliance with the foregoing general requirements and the specific curriculum requirements for the particular specialty set forth herein subsequent to approval by the Board may result in the Board withdrawing said approval."

h. Continuing Education

Various regulations of the Board require that both the Physician's Assistant and the supervising physician provide evidence of their participation in continuing education programs. See, e.g., §§ 1379.5(b), 1379.7(g), 1379.8(d), 1379.24(m) and 1379.41(m). The Board now proposes to define by regulation those activities or programs which are considered by the Board to satisfy the requirements of continuing education. Section 1379.6 should be added to the Board's regulations as follows:

"Section 1379.6. Definition of Continuing Education Program. For purposes of this article, the requirement of having enrolled in an appropriate continuing education program may be met by evidence of enrollment in any one or more educational programs recognized by the following:

- "(a) The American Academy of Family Practice;
- "(b) The California Medical Association;
- "(c) The American Medical Association; and
- "(d) Programs approved by all specialty boards."

i. Applications for, and Grounds for Denial, Suspension, or Revocation of, Approval to Practice as a Physician's Assistant

By current statutes and regulations, only the supervising physician is required to seek and obtain the Board's approval to supervise a particular Physician's Assistant. The physician's application must contain pertinent information about the proposed Physician's Assistant--his qualifications, education, experience, enrollment in continuing education, other health care experience, and when the appropriate certification examination was passed. The physician's application to supervise may be denied, or if approved, later revoked or suspended, if the proposed Physician's Assistant is not qualified to practice, has failed the certification examination, or has been found guilty of unprofessional conduct.

Common sense dictates that any properly trained and approved assistant should be able to be employed or supervised by any physician for like specialty approved by the Board. Accordingly, the Board and the Advisory Committee desire to divorce the application of the supervising physician from a "particular" Physician's Assistant and to provide a separate approval mechanism for both a supervising physician and a Physician's Assistant. To effect this change, extensive amendments to the Board's regulations are being made (see proposed amendments to sections 1379.5, 1379.7, 1379.8, 1379.21, 1379.61, 1379.71 of the Board's regulations, set

forth above at pages 59 - 62 of the Report). Business and Professions Code section 2516, which similarly ties the application of a supervising physician to a particular Physician's Assistant must also be amended, as suggested at pages 83 - 84 of this Report.

A mechanism must be devised for the review and approval of the applications of persons who desire to practice as Physician's Assistants; for the requisite examination for approval; and for the grounds for denying, suspending, or revoking such approval. The following new sections are proposed to be added to the Board's regulations:

"Section 1379.10. Prior Approval to Practice as a Physician's Assistant. No person shall practice as a Physician's Assistant in this State without the prior approval of the Board."

"Section 1379.11. Application and Fee for Approval to Practice as a Physician's Assistant. Approval to practice as a Physician's Assistant may be obtained by filing with the Board an application, on forms provided by the Board, which shall contain the following:

"(a) The qualifications, including related experience, possessed by the proposed Physician's Assistant, information pertaining to general educational background, education as a Physician's Assistant, enrollment in allied health programs, enrollment in continuing education programs subsequent to graduation as a Physician's Assistant, and related patient oriented health care experience.

"(b) An indication of the date when the appropriate written examination, required by section 1379.12, has been or will be taken.

"(c) The payment of an initial approval fee of ten dollars (\$10)."

"Section 1379.12. Examination for Approval as a Physician's Assistant. Except as provided in these regulations, no person shall be approved to practice as a Physician's Assistant in this State without having successfully completed the Primary Care Physician's Assistant Examination of the National Board of Medical Examiners. For purposes of this section, successful completion requires that the applicant have achieved a score established by the Board for that examination. It is the duty and responsibility of the applicant to cause to be mailed to the Board an "Official Certification of Examination Score" indicating the applicant's score on said National Board examination."

"Section 1379.13. Interim Approval Pending Results of Examination; Conditions for Reexamination on Failure of Examination. The Board may grant interim approval of the application of a proposed Physician's Assistant provided that the applicant has evidenced that he has applied for, and thereafter has taken, the first examination required by section 1379.12 subsequent to the applicant's successful completion of an approved educational program. If the proposed Physician's Assistant fails said examination, such interim approval automatically terminates upon the applicant's receipt of notice of such failure by the National Board of Medical Examiners. If a second examination is taken and failed by the applicant, the scores of any subsequent examination will not be recognized by the Board unless the applicant has subsequent to his second failure of the examination evidenced his participation in a continuing education program for Physician's Assistants.

"Pending the adoption of appropriate examinations, the Board may grant interim approval to any specialist physician, or to any proposed assistant to a specialist physician, to supervise, or practice as, an assistant to a specialist physician."

"Section 1379.14. Certificate or Letter of Approval to Practice as Physician's Assistant. Biennial Renewal and Fees Therefor. Duty to Advise Board of Current Residence, Employment, and Supervising Physician. The Board shall issue, upon the recommendation of staff of the Committee on Physician's Assistants, a certificate or letter of approval to

"all applicants who meet the requirements of this article and who pay to the Board the application fee provided in section 1379.11 of these regulations. The renewal fee for such certificate or letter shall be required on a biennial basis and shall be not less than twenty dollars (\$20) nor more than fifty dollars (\$50), as determined by the Board. A delinquency fee for late renewal of said certificate or letter shall not be less than ten dollars (\$10) nor more than thirty dollars (\$30), as determined by the Board. Every Physician's Assistant issued a certificate or letter of approval shall inform the Board by letter of any change of residence or place of employment and will promptly advise the Board of the names of each and every physician who supervises, or intends to supervise, such Physician's Assistant."

"Section 1379.15. - Grounds for Denial, Suspension, or Revocation of Approval to Practice as a Physician's Assistant. The Committee on Physician's Assistants may, with the approval of the Board, order the denial of an application for, or the suspension or the revocation of, a certificate or letter of approval to practice as a Physician's Assistant (including interim approval granted pursuant to section 1379.13) for any of the following causes:

"(a) Conviction of a felony, or of any offense involving moral turpitude;

"(b) Use of any narcotic as defined in Division 10 (commencing with section 11000) of the Health and Safety Code, or any alcoholic beverage to an extent and in a manner dangerous to himself, any other person, or the public, or to an extent that such use impairs his ability to perform the work of a Physician's Assistant with safety to the public;

"(c) Impersonating another person holding a certificate or letter of approval to practice as a Physician's Assistant, or allowing another person to use his certificate or letter of approval;

"(d) Using fraud or deception in applying for approval or in passing the examination (or submitting fraudulent or deceptive scores thereof) required by section 1379.12 of these regulations;

"(e) Willful, unauthorized communication of information received in personal confidence during his duties as a Physician's Assistant;

"(f) Violating any rule or regulation pertaining to professional conduct promulgated by the Board;

"(g) Being grossly negligent in his practice as a Physician's Assistant;

"(h) Failing the examination required by section 1379.12, or failing to provide the Board with the scores of said examination;

"(i) Failing to establish that by reason of his education and health care experience he is qualified to perform direct patient care services under the supervision of an approved physician;

"(j) Practicing as a Physician's Assistant under a physician or other person who has not received the approval of the Board to supervise a Physician's Assistant;

"(k) Practicing as a Physician's Assistant under the supervision of a physician whose approval to supervise has been suspended or revoked, or whose certificate as a physician and surgeon has been suspended or revoked;

"(l) Failing to evidence participation in and meet the minimum requirements of an appropriate continuing education program established pursuant to either section 1379.24(m) or section 1379.41(m) of these regulations;

"(m) The violation of, or aiding and abetting the violation of, any of the provisions of Article 18 of Chapter 5 of Division 2 of the Business and Professions Code, or any of the provisions of these regulations (Title 16, California Administrative Code, Chapter 13, Article 15);

"(n) The performance of tasks beyond those permitted to be performed by an assistant to the primary care physician or by an assistant to the specialist physician as set forth in these regulations."

"Section 1379.16. Reinstatement of Approval. One year from the date of a revocation of a certificate or letter of approval, application may be made to the Committee on Physician's Assistants for reinstatement. The Committee, with the Board's approval, shall accept or reject an application and may require an examination or impose such other and further conditions to reinstatement as may be just and proper."

3. PROPOSED AMENDMENTS TO THE
BUSINESS AND PROFESSIONS CODE.

a. Title, Budget and Representation
of the Advisory Committee

The Board and Advisory Committee recommend that the Business and Professions Code be amended to (1) change the title of the Advisory Committee to "Physician's Assistant Examining Committee of the Board of Medical Examiners"; 22/ (2) establish in the State Treasury a "Physician's Assistant Fund" made up of the Board's collections from approved persons and programs, such funds to be used to carry out the functions of the Board relative to the approval of Physician's Assistants and educational programs; and (3) augment the Committee membership to include an approved Physician's Assistant. To accomplish these ends, the following statutes are proposed.

22/ The word "Advisory" should be deleted in that such words have been used in connection with the Committee's five "advisory" reports to the Board and Legislature which, on submission of the within report, are now complete.

Business and Professions Code section 2519 should be amended as follows:

"Section 2519. There is established a an Advisory Committee on Physician's Assistant Examining Committee of the Board of Medical Examiners. The Board shall administer and enforce the provisions of this chapter except as to those acts and functions which in the Board's discretion are delegated to the Committee. and Nurse Practitioner Programs which shall be advisory to the board on matters pertaining to the education of Physician's Assistants and approval of applicants to supervise a Physician's Assistant. The committee shall also advise the Board of Nursing Education and Nurse Registration; the Board of Vocational Nurse and Psychiatric Technician Examiners; and the Board of Medical Examiners; on matters pertaining to the development; education; and utilization of nurse practitioners. The committee shall consist of ten nine members appointed by the Governor."

Membership of the Committee should be increased by one to include as its tenth member an approved Physician's Assistant appointed by the Governor. Business and Professions Code section 2519.5 should be amended to make specific reference to such member as follows:

"Section 2519.5 The members of the committee shall include one representative of the board, who shall be chairman of the committee, a representative of a California medical school, an educator with experience in the development of health manpower programming, one physician, one registered nurse, and one licensed vocational nurse functioning as a nursing educator, one approved Physician's Assistant, and one public member. The Governor shall appoint the licensed vocational nurse approved Physician's Assistant member to the committee within 30 90 days after the effective date of the amendment of this section at the 1972 1974 Regular Session of the Legislature."

Section 2520, which required the submission of the December 1973 Nurse Practitioner Report 23/ should be repealed, and in its place should be added a new section 2520 which would create a separate self-sustaining "Physician's Assistant Fund" in the State Treasury. The fund would finance or defray the cost of the Board's extensive activities in approving educational programs throughout the State and in reviewing the individual applications of graduates and physicians, and would also be used to maintain for public inspection a roster or register of approved physicians and approved assistants, by specialty if appropriate. The new section 2520 is proposed as follows:

"Section 2520. There is in the State Treasury the Physician's Assistant Fund. All collections from persons or programs approved or seeking approval under this chapter shall be paid by the board into such fund after report to the State Controller at the beginning of each month of the amount and source of the collections. All money in the Physician's Assistant Fund is appropriated to carry out the purposes of this chapter."

Such statute has been patterned after similar self-sustaining funds within the healing arts. See, e.g., Business and Professions Code, § 2682.

b. Register of Approved Supervising
Physicians and Physician's Assistants

To create a register of approved supervising physicians and approved assistants, section 2523 of the

23/ See the Development, Education, and Utilization of Nurse Practitioners in the State of California, December 4, 1973.

Business and Professions Code should be added as follows:

"Section 2523. The Board shall keep a current register of persons approved as supervising physicians or as Physician's Assistants, by specialty if applicable. The register shall show the name of every living person so approved, his last known place of residence, and the date of his approval. Any interested person in the state is entitled to obtain a copy of such register upon application to the board together with such sum as may be fixed by the board."

c. Terms of Office

At present the terms of office of the members of the Advisory Committee are open-ended. The Board and the Advisory Committee therefore recommend that section 2519.6 be added to the Business and Professions Code as follows:

"Section 2519.6. Each member of the committee shall hold office for a term of four years, and shall serve until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which he was appointed, whichever first occurs. No member shall serve for more than two consecutive terms. The members of the present Advisory Committee on Physician's Assistant and Nurse Practitioner Programs shall continue to serve as members of the Physician's Assistant Examining Committee as though appointed on the date of the enactment of this section. Each member shall be eligible for reappointment to one more consecutive term. The Governor may remove from office any member of the committee for incompetency, for unprofessional conduct, or for neglect of any duty required by this chapter."

d. Approval of Applications; Denial, Suspension, or Revocation of Approval

The current statutes provide only that the application of the supervising physician be approved by the Board.

See Business and Professions Code, §§ 2516, 2517. 24/ Such statutes should be amended so as to allow for the approval of the Physician's Assistant as well. A copy of a proposed "Primary Care Physician's Assistant Application for Examination" is appended hereto as Exhibit "O". As indicated earlier in the recommended regulatory changes, approval of either applicant should be predicated on their individual and independent qualities. Their personal employment relationship is irrelevant to their individual abilities to practice as either supervisor or assistant. Accordingly, the Board and Advisory Committee reiterate, as above, that Business and Professions Code section 2516, which requires inclusion of the assistant's qualifications on the physician's application, should be amended. Moreover, the information required of the physician by section 2516 should be left to regulation. It is therefore recommended that section 2516 be amended as follows:

"Section 2516. The board shall formulate by regulation guidelines for the consideration of applications by a licensed physician or physicians to supervise Physician's Assistants and applications by graduates of educational programs for approval to function as Physician's Assistants. Each application made by a physician or physicians to the board shall include all of the following:

(a) The qualifications; including related experience; possessed by the proposed physician's assistant.

24 / Certificates of approval are issued to educational programs pursuant to section 2517 of the Business and Professions Code. A copy of the application for such certificate for both primary care and specialty programs is included as Exhibit "p" herein.

(b) The professional background and specialty of the physician or physicians;

(c) A description by the physician of his; or physicians of their; practice; and the way in which the assistant or assistants are to be utilized.

The board shall not approve an application by any

One physician shall not to supervise more than two physician's assistants at any one time. Supervision of more than two physician's assistants is cause for suspension or revocation of the physician's approval to supervise."

The statutes should further specify that applications of either the physician or the assistant will be approved if it meets the Board's guidelines established by section 2516 (as amended, above). Section 2517 of the Business and Professions Code should be repealed in its entirety and in lieu thereof a new section 2517 added as follows:

"Section 2517. The board shall approve an application by a licensed physician to supervise a Physician's Assistant, or an application by a graduate of an approved educational program to practice as a Physician's Assistant, where the board finds that the applicant has met all of the requirements of this chapter and the board's regulations."

Grounds for denial of a pending application, or for suspension or revocation of approval already given an application, should be provided by statute. It is recommended that sections 2524 and 2525 be added to the Business and Professions Code as follows:

"Section 2524. The board shall by regulation provide for grounds for the denial of any application which is pending approval, or for the suspension or revocation of any application previously approved. Every person who seeks, or has obtained,

"approval from the board to supervise, or to practice as, a Physician's Assistant shall be governed and controlled by all such regulations and this chapter."^{25/}

"Section 2525. Any proceedings involving the denial, suspension, or revocation of approval under this article shall be conducted by the Committee on Physician's Assistants in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code."

It is also recommended that in those cases where willful violations of the statutes or regulations are occurring, and there exists no propensity by the wrongdoers to comply with State law, that the Board be accorded the right to seek injunctive relief in the Superior Court to prohibit repeated offenses which may injure the public. Section 2526 should be added to the Business and Professions Code as follows:

"Section 2526. Whenever any person other than an approved supervising physician or approved Physician's Assistant has engaged in any act or practice which constitutes an offense against this chapter, the superior court of any county, on application of the Board, may issue an injunction or other appropriate order restraining such conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7, Part 2 of the Code of Civil Procedure provided that no undertaking shall be required in any action commenced by the Board. The Board may commence action in the superior court under the provisions of this section on its own motion, or on the written request of the Physician's Assistant Examining Committee."

^{25 /} The appropriate grounds for denial, suspension, or revocation of approval of the physician or assistant has been set forth and discussed earlier in the Report. See pages 75-79.

APPENDIX

EXHIBIT A

Article 18. Physicians' Assistants
(Added by Stats. 1970, Ch. 1327.)

Purpose

2510. In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this article a framework for development of a new category of health manpower—the physician's assistant.

The purpose of this article is to encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified physician's assistants where such delegation is consistent with the patient's health and welfare.

This article is established to encourage the utilization of physician's assistants by physicians, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services. It is also the purpose of this article to allow for innovative development of programs for the education of physician's assistants.

At the termination of this article and upon review of reports and recommendations from the Board of Medical Examiners of the State of California and others with expertise in health manpower programs, it is the intent of the Legislature to establish a system of certifying or licensing physician's assistants so that the quality of service is insured.

Definitions

2511. As used in this article:

(a) "Board" means the Board of Medical Examiners of the State of California.

(b) "Approved program" means a program for the education of physician's assistants which has been formally approved by the board.

(c) "Trainee" means a person who is currently enrolled in an approved program.

(d) "Physician's assistant" means a person who is a graduate of an approved program and is approved by the board to perform medical services under the supervision of a physician or physicians approved by the board to supervise such assistant.

Rendering of Services

2512. Notwithstanding any other provision of law, a physician's assistant may perform medical service when such services are rendered under the supervision of a licensed physician or physicians approved by the board.

2513. Notwithstanding any other provision of law, a trainee may perform medical services when such services are rendered within the scope of an approved program.

Restrictions

2514. No medical services may be performed under this article in any of the following areas:

(a) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive states of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.

(b) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training or orthoptics.

(c) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(d) The practice of dentistry or dental hygiene as defined in Chapter 4 (commencing with Section 1600) of this division.

Nothing in this section shall preclude the performance of routine visual screening.

Certificates of Approval

2515. (a) The board shall issue certificates of approval for programs for the education and training of physician's assistants which meet board standards.

(b) In developing criteria for program approval the board shall give consideration to, and encourage, the utilization of equivalency and proficiency testing and other mechanisms whereby full credit is given to trainees for past education and experience in health fields.

(c) The board shall adopt and publish standards to insure that such programs operate in a manner which does not endanger the health and welfare of patients who receive services within the scope of the program. The board shall review the quality of the curriculum, faculty, and the facilities of such programs, and shall issue certificates of approval, and at such other times as it deems necessary to determine that the purposes of this article are being met.

Application Guidelines

2516. The board shall formulate guidelines for the consideration of applications by a licensed physician or physicians to supervise physician's assistants. Each application made by a physician or physicians to the board shall include all of the following:

(a) The qualifications, including related experience, possessed by the proposed physician's assistant.

(b) The professional background and specialty of the physician or physicians.

(c) A description by the physician of his, or physicians of their, practice, and the way in which the assistant or assistants are to be utilized.

The board shall not approve an application by any one physician to supervise more than two physician's assistants at any one time.

Approval of Applications

2517. The board shall approve an application by a licensed physician or physicians to supervise a physician's assistant where the board finds that the proposed assistant is a graduate of an approved program, and is fully qualified by reason of experience and education to perform medical services under the supervision of a licensed physician.

Name Restriction

2518. Any person other than one who has been approved by the board who holds himself out as a "physician's assistant," or who uses any other term indicating or implying that he is a physician's assistant, is guilty of a misdemeanor.

Advisory Committee

2519. There is established an Advisory Committee on Physician's Assistant Programs which shall be advisory to the board on matters pertaining to the education of physician's assistants and approval of applicants to supervise a physician's assistant. The committee shall consist of eight members appointed by the Governor.

2519.5. The members of the committee shall include one representative of the board, who shall be chairman of the committee, a representative of a California medical school, an educator with experience in the development of health manpower programming, one physician, and one registered nurse.

2519.7. Each member of the committee shall receive a per diem and expenses as provided in Section 103.

Reports

2520. The board shall report to the Legislature no later than January 1, 1972.

(a) The number and types of programs which have been approved and a description of each.

(b) The number of physician's assistants who have been approved for supervision under this article.

(c) The education and qualifications of each physician's assistant.

(d) Background concerning the numbers of physicians supervising assistants, their specialties, and the counties in which they practice.

(e) The scope of practice of approved physician's assistants.

(f) Recommendations for establishing a permanent program of certification or licensure for physician's assistants.

Establishing Program Criteria

2520.5. In developing criteria for program approval and approval of applications to utilize physician's assistants and in preparing its report to the Legislature, the board shall consult with and seek the advice of professional medical organizations and specialty societies.

Fees

2521. (a) A fee of ten dollars (\$10) shall be charged for each application to the board by a physician or physicians to supervise each physician's assistant.

(b) A fee of fifty dollars (\$50) shall be charged for each approval granted by the board. Approval shall be limited to one year.

(c) The board shall renew approval upon application for such renewal, and a fee of twenty-five dollars (\$25) shall be paid for such renewal.

(d) A fee of fifty dollars (\$50) shall be charged to each applicant seeking program approval by the board.

(e) A fee of five hundred dollars (\$500) shall be charged to each approved program located in California.

Rules and Regulations

2522. The board may adopt such regulations as are reasonably necessary to carry out the purposes of this article.

EXHIBIT B

SUBCOMMITTEES OF THE ADVISORY COMMITTEE
ON PHYSICIAN'S ASSISTANT AND NURSE PRACTITIONER PROGRAMS

Date Appointed

6-12-72 Subcommittee on Fee for Service
Chairman, Mr. Hammett, Dr. Hassenplug

Subcommittee re nurse/midwives
Chairman, Dr. Hassenplug, Dr. Nerlich, Dr. Young

7-13-72 Subcommittee on Emergency Room physician's assistant
preceptorship R/R
Chairman, Dr. Hassenplug, Dr. Dennis, Dr. Schoen,
Mr. Hammett

4-4-72 On-site survey team - Charles R. Drew
Dr. Schoen, Dr. Hassenplug, Mr. Hammett

7-13-72 On-site survey team - Cerritos College
Chairman, Dr. Schoen, Dr. Hassenplug, Dr. Nerlich

7-13-72 On-site survey team - Stanford/Foothill
Dr. Hassenplug, Mr. Daggett, Dr. Schoen

8-10-72 On-site survey team - UCSF, City College SF
Chairman, Dr. Nerlich, Dr. Hassenplug, Dr. Schoen

10-12-72 Subcommittee for Report to Legislature due 11/10/72
Chairman, Dr. Dennis, Dr. Nerlich, Miss Balas, Mr. Hammett

10-12-72 Subcommittee on forms for certification examination
Dr. Dennis, Dr. Nerlich, Miss Balas, Mr. Hammett
and Deputy Attorney General

10-12-72 Subcommittee on clarification of Informed Consent
and Identification
Chairman, Mr. Hammett, Dr. Dennis

10-12-72 Subcommittee on Orthopedic physician's assistant
regulations
Chairman, Dr. Schoen, Dr. Dennis, Mr. Hamilton

1/74

Date Appointed

10-12-72 Subcommittee on certification examination
Chairman, Dr. Dennis, Dr. Nerlich, Mr. Hammett,
and Miss Balas

11-72 On-site survey team - Cerritos College, Orthopedic
Physician's Assistant
Chairman, Dr. Dennis, Miss Balas 12/72 Mr. Daggett
replaced Mr. Hammett. Board liaison: Dr. Levine
and Dr. Grunigen

4-5-73 Subcommittee on Reciprocity Physician's Assistant
Chairman, Dr. Dennis, Miss Balas, Dr. Nerlich,
Mr. Hammett, DAG Jones, Board liaison: Dr. Levine
and Dr. Grunigen.

4-6-73 On-site survey team - University of California at
San Diego, Allergy Physician's Assistant
Chairman, Dr. Schoen, Dr. Dennis, Mrs. Frakes.
Board liaison: Dr. Levine and Dr. Grunigen.

5-2-73 Subcommittee to review applications to supervise a
physician's assistant:
Chairman, Dr. Schoen; Vice Chairman, Miss Balas,
Mrs. Frakes, Dr. Nerlich. Alternate: Dr. Dugan

5-2-73 Subcommittee on review of program at Alderson-Broadus
College, Philippi, West Virginia
Chairman, Dr. Dennis

5-2-73 Subcommittee on policy statement regarding physician's
assistant role in an institutional setting:
Chairman, Dr. Hassenplug, Dr. Dugan

5-2-73 Subcommittee on-site inspection Foothill College/
Stanford University program has been requested to
schedule a follow-up inspection at the facility
as soon as possible. Subcommittee consists of the
following:
Chairman, Dr. Hassenplug, Dr. Schoen, Dr. Grunigen

7-1-73 Subcommittee on-site inspection at USC (Emergency Care
Physician's Assistant)
Chairman, Dr. Hassenplug, Dr. Schoen, Mr. Hammett,
Dr. Grunigen, and Dr. Quillinan. Mrs. Frakes replacing
Mr. Hammett

Date Appointed

1-29-74

Subcommittee on-site inspection at Charles R. Drew/Martin Luther King Hospital, Los Angeles (Emergency Care Physician's Assistant):
Chairman, Dr. Kerlich, Miss Balas, Mr. Daggett.
Liaison: Dr. Grunigen.

1-29-74

Subcommittee on-site inspection at UCLA/Harbor General Hospital (Assistant to the Specialist Physician in OB/GYN):
Chairman, Dr. Schoen, Dr. Hassenplug, Mrs. Frakes.
Liaison: Dr. Grunigen.

1-29-74

Subcommittee on Review of Charles R. Drew/Martin Luther King Hospital, Physician's Assistant Program:
Chairman, Dr. Schoen, Mr. Hammett, Dr. Hassenplug

1-29-74

Subcommittee on Final Report to the Legislature regarding Physician's Assistants:
Chairman, Dr. Dennis, Miss Balas, Mr. Hammett.
Liaison: Mr. Jones

2-27-74

Subcommittee on Physician's Assistant Questionnaire
Chairman, Dr. Dennis, Dr. Schoen, Dr. Hassenplug.
Staff: Mr. Jones, Mrs. Rios.

5/6/74

Subcommittee on-site inspection at Casa Loma Institute of Technology (Assistant to the Primary Care Physician):
Chairman, Dr. Dennis; Vice Chairman, Dr. Schoen; Miss Balas. Alternate: Mr. Hammett & Dr. Hassenplug.

6/10/74

Subcommittee on-site inspection at Stanford Medical Center/San Jose Hospital (Assistant to the Emergency Care Physician)

EXHIBIT C

MEDEX/Physician's Assistant Program
Organizational Chart
and
Staffing Pattern

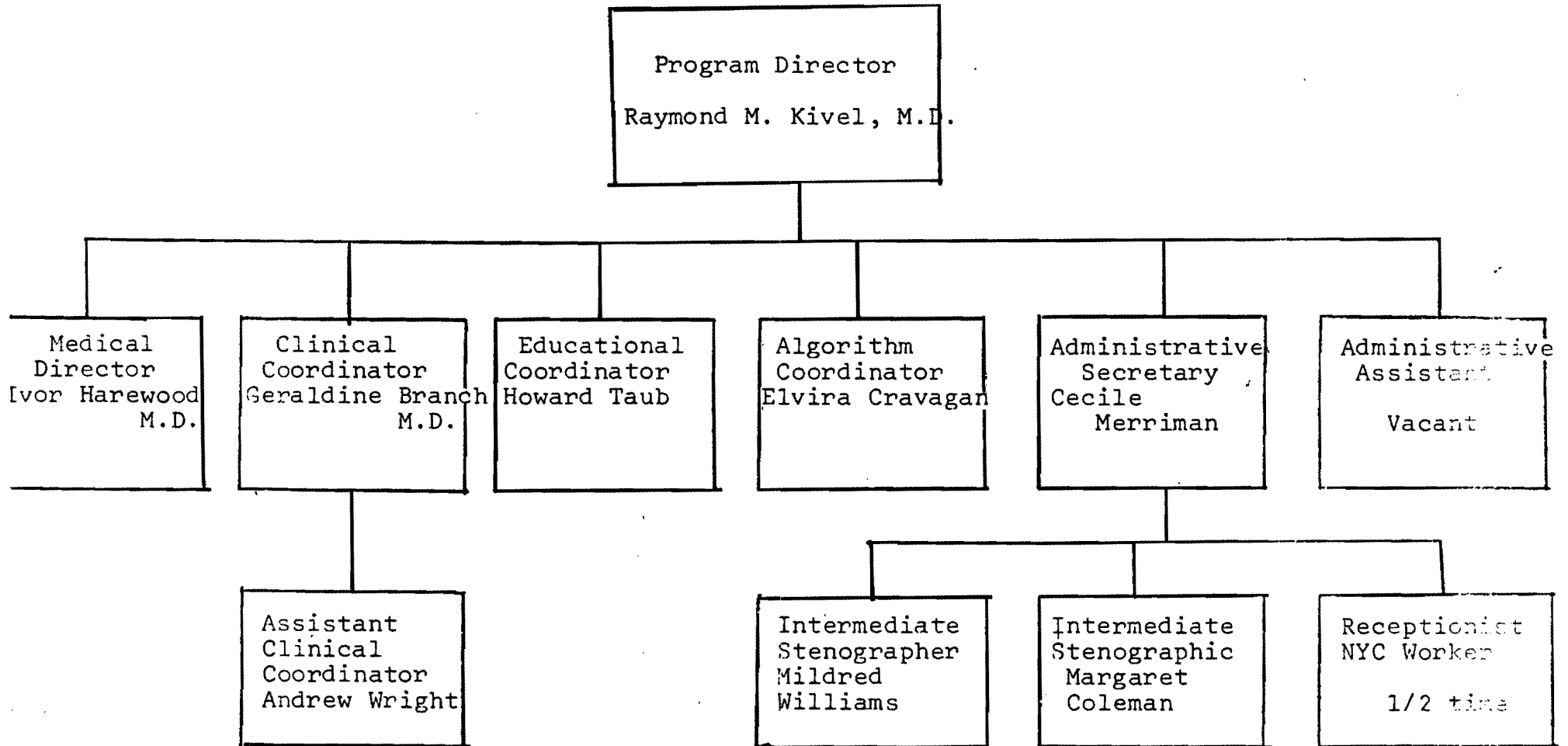


EXHIBIT D

FACULTY MEMBERS

M. Alfred Haynes, M.D.,
Professor & Chairman
Dept. of Community Medicine
Charles R. Drew Postgraduate Medical School

A. A. Afifi, Ph.D., Director
Functional Task Analysis, Community Medicine
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Darwin Richardson, M.D.
Santa Fe Clinic
Box 368
Needles, California 92363

Girma Wolde-Tsadik, Ph.D., Associate Director
FTA, Community Medicine
Charles R. Drew Postgraduate Medical School

EXHIBIT E

PROFILE OF NEW STUDENTS (REPLACEMENTS) FOR MEDEX II

	Age	Race	Sex	Marital Status	Dependents	Degree/Curr.- Coll. credits	Military Profession	Previous Experience+			Geographic			
								Present Profession	Training (Years)	Work Experience	HSA	MC	SB/Rivv	OTHER
ALTEBA, Ann	31	Sp.	M.	M.	3	AA (Tech. Illustration)	Ex-Medic (USAF)	Tech. Illus.	2 2/3 yrs.	3 1/2 yrs	*			
ANDERSON, Patricia	35	W.	F.	D	3	AS (Nursing)	None	RN-Coronary (Cert.)	2 yrs.	3 1/2 yrs			*	
BLECK, Rick	26	Sp.	M.	S	0	Pre-Med. (120+ credits)	Hosp. corps. (USN)	Med. Tech. (Sup.)	1 1/2 yrs	5 yrs				West L.
BELDS, Charles A*	30	B.	M.	S	0	Psych. (54 credits)	Hosp. corps. (USN)	LVN Psych Tech	2 yrs	7 yrs				Inglew
BEDON, Marshall	27	B.	M.	S	1	Lib. Arts	Ex. Medic (Army)	Lab. Asst.	2 1/6 yrs	7 1/2 yrs		*		
BIRN, Norton L.*	26	W.	M.	M	2	AA (Biology)	Aero Med. Tech (USAF)	E.R. Tech.	2 1/2 yrs	6 yrs			*	
BERNARDEZ, Daniel	42	Sp.	M.	M	1	AA (Pros.+ Orthotics)	None	Lab Tech	2 yrs	7 yrs			*	
BILT, Linda	27	B.	F.	D	2	AA (Nursing)	None	RN	3 yrs	6 1/2 yrs			*	
BURD, John	25	W.	M	M	3	AA Bio. (Science)	Ex-Medic (USAF)	LVN Char.Nrse	2 1/4 yrs	6.3/4 yrs			*	
COOPER, Madeline	47	B.	F	M	1	AA		LVN	2+ yrs.	6 yrs.			*	
COOK, Jerry K.*	27	W	M	?	?	Hist. (142 credits)	Med. Serv. (USAF)	Ortho. Tech.	4 yrs.	6 yrs.				Bakers:
COBARRINO, Michael	32	Sp.	M	D	0	BA (Spanish)	Ex-Medic (USAF)	LVN	3 mos	11 1/2 yrs				*
CYERS, William	26	W.	M	M	1	Lib. Arts (42 credits)	Ex-Medic (USAF)	Equip. Operator	4 mos.	2 1/2 yrs			*	
COPEL, Albert	24	Sp.	M	M	1	Gen'l	Ex-Medic (Army)	Lab. Asst.	2 1/2 mos	4 yrs				*
COPE, Wanda	42	B.	F	M	3	Gen'l 37 credits	None	LVN	4 yrs.	9 yrs	*			
COFFE, Linda M.	31	B.	F	M	2	Nursing 54 credits	None	EKG Inst.	6 mos	7 1/2 yrs	*			
COBINSON, Mollie A.	24	B.	F	S	0	AA Psych.	None	Student Nrses Aide	2 1/6 yrs	0			*	
COBLES, Rosemary	20	Sp.	F	S	0	Sociology 56	None	Comm.Hlth Worker	1 yr	2				*
COSSOFF, Michael M.*	27	W.	M	?	?	Psych 50 credits	Indp. corps. (Army)	Physical Therapist	1 1/2 yrs	5 1/2 yrs				L.A.*
AN LIEW, Bonnie*	24	W.	M	S	?	Gen'l	Indp. Corps (Army)	Patient Care Tech	1 1/2	3 1/2				Long B
ALKER, Abraham	28	B.	M	Sep.	0	Soc. Sci.	Ex. Medic (Army)	Lab Tech	3 2/3 yrs	4 yrs			*	
COB, Ruth L.*	49	B.	F	?	?	Med. Tech. 120 credits	None	Cyto Tech	3 1/2 yrs	20 yrs				L.A.*

Previous Health Experience=Formal Health Training and Work Experience (Work Experience - includes period spent as a Medic)

EXHIBIT F

NAME	AGE	RACE	SEX	MAR. STATUS	DEPEND.	DEGREE	MILITARY	PREVIOUS EXPERIENCE
BOWEN, SHIRLEY	29	Blk.	F	Single	Ø	G.E.D. (completed 11th grade) Trade Tech Feb 72 (Math, English)	Ø	Nurse AH/Transcriber
CARTER, EDWARD	39	Blk.	M	Married	4	L.V.N. - 1968	Air Force - 4 yrs.	Clinical Assistant Multipurpose Clinic - 5 yrs.
FAIRMAN, ROY	29	Blk.	M	Married	3	No formal Trng. LACC - 2 smstrs.	Ø	2 yrs. ER Tech. Wall St. Medical Center
GARCIA, CHARLES	27	Mex.	M	Married	4	Mult. courses for	Navy - 4 yrs.	L.V.N. - Ambulance Attendant, 2 yrs.
GLOVER, EDWARD	28	Blk.	M	Divorced	1	E.L.A.C. - 1 yr.	Air Force	HGH - Senior Inhalation Therapist - 2 yrs. Doctor's Hosp. - Inhalation Therapist, 1 yr.
GRAY, SHIRLEY	28	Blk.	F	Single	1	Bryman School Med. Asst., 1969. Jordan Adult LPN - 1971	Ø	Vermont-Jefferson Med. Group - Med. Assistant, 1 yr; Douglas Aircraft Machine Operator, 1 yr

MEJ III STUDENT BACKGROUND

Page 2

NAME	AGE	RACE	SEX	MAR. STATUS	DEPEND.	DEGREE	MILITARY	PREVIOUS EXPERIENCE
HENRY, STEVE	24	Cauc.	M	Married	2	L.V.N., 1970 R.N., 1972	Army - 3 yrs.	HGH - Head Nurse in ER Receiving Room, 1yr Hawthorne Community Hospital - 1968 Order- ly to Staff Nurse, 1970
McGOFF, ELIZABETH	23	Cauc.	F	Separated	Ø	U. of Guam, 15 credits; Diablo Valley, 31 credits; U.C. of Berkeley, 79 Q units	Ø	Lafayette Hospital - Volunteer, 2 yrs., 1964-1966; Planned Parenthood - Nurse & Receptionist 25 wks.; John Muir Hosp. Lab., Sec. Recept. 2 yrs.; Berkeley University Book Store - 1 yr.
McINTOSH, BRENDA	29	Blk.	F	Separated	2	Cal. State - 1 yr. Clover Park Voc. School - Incomplete	Ø	Dr. Hough - Rec/1yr. Tacoma Gen. Hosp - Clerk, 1 yr; West Elect - Clerk, 1 yr. Hough Medical Cntr/ Receptionist, 5 yrs.
MEJIA, JOHN	40	Mex.	M	Married	-	Long Beach C.C., A.A., 1973.	Ø	HGH - Cytotechnologist , 10 yrs.
MESSIHA, NABIL	37	Egyptian	M	Single	Ø	M.S. Degree (Egypt, 1964).	Ø	HGH - X-Ray Dark Rm. Attendant, 2 yrs.; Australia - taught Chemistry in High School, 1yr; Maxwell Chemistry - Chem. Tech Australia, 1 yr.

NAME	AGE	RACE	SEX	MAR. STATUS	DEPEND.	DEGREE	MILITARY	PREVIOUS PXPRIENCE
MITCHELL, GENEVA	43	Blk.	F	Married	2	Calif. Voc. Sch. Nursing; Doctor's Hosp. Coronary;L.V.N.	Ø	Doctor's Hospital, Compton - L.V.N., 4 yrs.
OWENS, JOE	34	Blk.	M	Married	2	Medical Lab. Tech., 1966; S.C. State College - B.S.	Ø	MLK HOSPITAL - Lab. Tech - 1 yr.
PASTOR, FRANK	24	Mex.	M	Married	1	El Camino Coll.- 22 units.	Navy - 4 yrs.	HGH - Hospital Medical Corpsman, 1 yr.; South Bay Hospital - Orderly, 20 wks.
SINGLETON, ROBERT	24	Blk.	M	Married	1	-	Army - 4 yrs.	V.A. Hospital Wards - Nursing Asst., 3 yrs.
STERLING, LOUIS	36	Blk.	M	Single	Ø	Medical Tech- nologist, 1961; Tallegega Coll- ege, B.A., 1959.	Ø	V.A. Hospital Wards - Med. Tech., 4 yrs.; Temple Hosp. - Med. Tech., 2 yrs.; HGH - Med. Tech., 4 yrs.
TOWELS, JOHN	40	Blk.	M	Married	3	Military Training Corpsman - 20 yrs.	Air Force. 20 yrs.	Corpsman in Air Force, 20 yrs.
WAFER, DEBORAH	22	Blk.	F	Single	1	Cal. State, 125 units.	Ø	Dr. Jackson - Surgical Assistant, 1 yr.

NAME	AGE	RACE	SEX	MARITAL STATUS	DEPEND.	DEGREE	MILITARY	PREVIOUS EXPERIENCE
WILLIAMS, BARBARA	32	Blk.	F	Married	6	Medical Corpsman, 1960.; Compton College, 1 yr.	Army - 4 yrs.	El Cerritos Hospital - Attendant, ; yr. Rancho Hospital - Attendant, 2 yrs.
WILLIAMS, W. C.	30	Blk.	M	Married	6	Compton College L.V.N.	Army - 4 yrs.	HGH - ER Tech - 2 yrs.; Doctor's Hospital, Compton, L.V.N., 4 yrs.

mvw
1/11/74.

EXHIBIT G

STAFF RESPONSIBILITY PROFILES

Project Director - Assignment: Michael T. B. Dennis, M.D.

The primary functions of the project director will be to coordinate program activities, establish budget priorities, represent the project in the national and state legal and political interface, and provide academic liaison with the parent educational institution—including clinical coordination of the community medicine and surgical curriculum components. The director will continue to serve on the California Advisory Committee on Physician's Assistant and Nurse Practitioner Programs, which establishes regulations for the implementation of physician's assistants in California, and in March 1974 will begin to serve on the newly created Health Manpower Policy Commission which has been empowered by the California Legislature under the Song-Brown Act (S.B. 1224) to provide California policy for and financial support of primary care physician and physician's assistant training programs.

Medical Director - Assignment: Harold C. Sox, Jr., M.D.

This physician will have the responsibility for overall review of the curriculum to determine the validity of its primary care components. As principal protagonist of the algorithm approach to education and evaluation of student performance, Dr. Sox, who has a primary care medical background and previous experience with physician support personnel at Dartmouth College, will act in the deliberations of new designs for and implementation of curriculum models. He will be coordinator of the effort to evaluate the impact of the P.A. on the quality of care in preceptors' and employers' practices.

Educational Director - Virginia H. Fowkes, R.N.

As a baccalaureate nurse with advanced clinical skills and extensive past experience with community-based manpower programs in Regional Medical Programs, Ms. Fowkes is well prepared to serve as coordinator of student instruction and the evaluation of student and instructor effectiveness, to develop the program's objectives for community-based education as outlined in Scope of Work #10 and to provide a liaison with the five-county (Southern Bay Area) Health Services Education Council in her capacity on the Board of Directors.

Planning Director - T.B.A. (Several candidates are available pending approval of this position).

With the project beyond the initial planning stage and into a successful implementation phase the staff would benefit from an individual, preferably with a master's degree in public health education, who could consistently explore new methods of implementation of physician's assistants, test the feasibility of new directions for the project, respond to alternate sources of funding and act as a support person for the identified members. This person would likely be trained medically at the physician's assistant level and would have attained additional organizational skills.

Field Services Coordinator - Assignment: Cornelis Ploeg

Objectives 3, 4, 7 and 9 in the Scope of Work call for aggressive work in the field (taking into account the urban Los Angeles oriented primary care program at Charles Drew Medical Center and our objectives, we are serving a potential population of some 17 million people) involving the contact of potential preceptors, recruitment of students who meet the criteria for service in medically underserved communities, exploration of possible primary care clinical opportunities, and general public relations to improve the employment opportunities for graduate physician's assistants. Mr. Ploeg, with experience in two other programs reaching communities in New England and the Pacific Northwest, is well suited for this work.

Administrative Assistant - Assignment: Phyllis A. Wilson

Task profile includes the maintenance of information flow within the office and to correspondents with the program; maintenance of budget records, contracts, applications and all file material; purchasing materials and providing all instructional material for teaching purposes, general bookkeeping and typing. Ms. Wilson's efficiency makes only an additional half-time secretary necessary.

Research Assistant - Assignment: Douglas Anderson

This individual will be primarily responsible for monitoring of clinical record material generated by the students, organization of algorithm feedback with computerization, and preceptorship instruction using standardized protocols.

Secretary - T.B.A.

Half-time general typing and office practice; receptionist.

EXHIBIT H

Program Staff - Clinical Discipline Coordinators

Count D. Gibson, Jr., M.D.	Family, Community and Preventive Medicine
Harold C. Sox, Jr., M.D.	Medicine
Enmet Lamb, M.D.	Obstetrics/Gynecology
Naomi Remen, M.D.	Pediatrics
John Kuldau, M.D.	Psychiatry
Ernest Kaplan, M.D.	Surgery

Teaching Staff

In addition to the program staff, the following health care providers, listed according to discipline, served as instructors during the clinical year 1973-1974:

Anatomy

Otto Sokol, Ph.D.

Anesthesiology

Lesley Kadis, M.D.
Amara Safwat, M.D.
Gerald Silverberg, M.D.

Clinical Laboratory Studies

Judy Kaup
Paul Wolf, M.D.

Community Medicine

Roberta Horoho, R.N.

Dermatology

Dorinda Loeffel, M.D.

Medicine

Michael Altamura, M.D.	John Schroeder, M.D.
Allen Barbour, M.D.	Frank Rhame, M.D.
William Fowkes, M.D.	Alan Ryder, M.D.
Michael Jacobs, M.D.	Roger Ryan, M.D.
Suzanne Miller	Edward Silverblatt, M.D.
Carol Portlock, M.D.	Keith Taylor, M.D.
David Clark, M.D.	Jacqueline Wade, R.N.

Nutrition

Jo Ann Hattner
Judith Levine

Obstetrics/Gynecology

John Crouse, M.D.
Robert Danielson, M.D.
Edwin Delfs, M.D.
Harold Dennis, M.D.
Leon Fox, M.D.
Philip Hicks, M.D.
Russel Hulme, M.D.
A. M. Guderian, M.D.

Mary Lou Judy, M.D.
Jack Letts, M.D.
Richard Marquette, M.D.
Earl Miller, M.D.
William Reeves, M.D.
Harry Smith, M.D.
Richard Warren, M.D.
Neal L. Ross, M.D.

Oncology

Myron Turbow, M.D.

Ophthalmology

A. Ralph Rosenthal, M.D.

Pediatrics

Robert Alway, M.D.
James Ball, M.D.
Joann Blessing, M.D.
Robert Burnett, M.D.
Howard Cann, M.D.
Robert Christian, M.D.
Joseph Davis, M.D.
Joan Dorfman, M.D.
Robert Ekdale, M.D.
Linda Gorin, M.D.
Norman Gould, M.D.
Richard Greene, M.D.
Irwin Bernhardt, M.D.

Arvin Henderson, M.D.
Birt Harvey, M.D.
Hyland Herbert, M.D.
David Holtzman, M.D.
Richard Horn, M.D.
Bruce Jessep, M.D.
Albert Kanter, M.D.
Harvey Kaplan, M.D.
Richard Ross, M.D.
Hicks Williams, M.D.
Louis Zamvil, M.D.
David Zlotnick, M.D.
Sharon Wilkins, R.N.
Harry E. Hartzell, M.D.

Psychiatry

John Bell, M.D.
Thomas Engelsing, M.D.
Stanley Fischman, M.D.
Lucille Hathoway, P.H.N.
Arnold Kress, M.D.
Sandra Kress
Robert Malcolm, M.D.

A. Pfefferbaum, M.D.
Marvin Rosenzweig, M.D.
Thomas Roth, M.D.
Gerald Tinklenberg, M.D.
William Wittner, M.D.
Eugene Zukowsky, Ph.D.

Radiology

James Silverman, M.D.

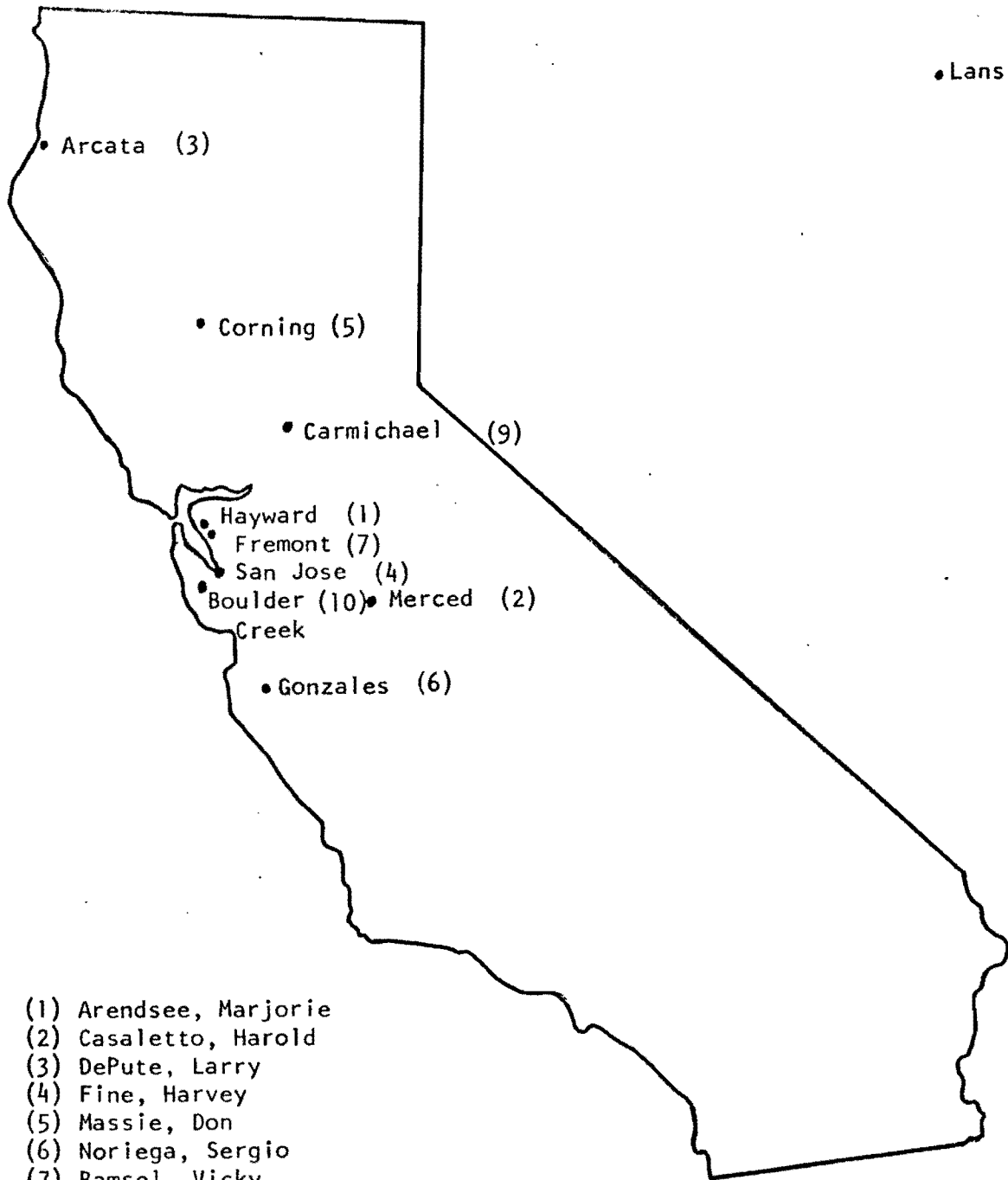
Surgery

Richard Britt, M.D.
David Burton, M.D.
Robert Chase, M.D.
Roy Cohn, M.D.
George Commons, M.D.
Bruce Gallaway, M.D.
Ronald Gruber, M.D.
John Hanberry, M.D.
Edward Hard, M.D.
Michael Hill, M.D.
Terry Knapp, M.D.
Ralph Lassa, M.D.

Hewlett Lee, M.D.
James Mark, M.D.
Edwin Meares, M.D.
Lionel Nelsson, M.D.
Jay Older, M.D.
Russel Pardoe, M.D.
Donald Prolo, M.D.
Ralph Rosenthal, M.D.
Blair Simmons, M.D.
Charles Thuss, M.D.
Lars Vistnes, M.D.
Karl Wustrack, M.D.

EXHIBIT I

EMPLOYMENT SITES OF PHYSICIAN'S ASSISTANTS
CLASS OF 1973 *



- (1) Arendsee, Marjorie
- (2) Casaletto, Harold
- (3) DePute, Larry
- (4) Fine, Harvey
- (5) Massie, Don
- (6) Noriega, Sergio
- (7) Ramsel, Vicky
- (8) Schreiman, Judy
- (9) Scott, Robert
- (10) Tachibana, Ron

* These graduates meet program objectives for service in medically underserved communities (73% of graduates)

EXHIBIT J



BOARD OF MEDICAL EXAMINERS

ADVISORY COMMITTEE ON PHYSICIAN'S ASSISTANT
AND NURSE PRACTITIONER PROGRAMS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 322-2670



Regulations of the Board of Medical Examiners of the State of California enacted pursuant to Statutes 1970, Chapter 1327, (AB 2109), relating to Physician's Assistants. (Article 15, Chapter 13, Title 16, California Administrative Code.)

ARTICLE 15 - PHYSICIAN'S ASSISTANTSSection 1379. Physician's Assistants Defined.

For purposes of this Article, Physician's Assistants within the meaning of Article 18, Chapter 5 of the Business and Professions Code are divided into two classifications as follows:

- (1) Assistant to the Primary Care Physician; and
- (2) Assistant to the Specialist Physician.

For purposes of this Article, a person enrolled in an approved educational program for instruction of an Assistant to the Primary Care Physician or Assistant to the Specialist Physician is referred to as a "student."

Section 1379.1 Approval of Educational Programs; Applications. Educational programs for instruction of an Assistant to the Primary Care Physician and Assistant to the Specialist Physician must be approved by the Board and shall submit applications for approval on forms provided by said Board.

Section 1379.2. Patient Consent. No Assistant to the Primary Care Physician or Specialist Physician shall render general medical services to any patient except in life threatening emergencies unless said patient has been informed that general medical services will be rendered by that Assistant under the supervision of the Primary Care Physician or Specialist Physician and has consented in writing prior to performance to permit such rendering of general medical services by said Assistant. Said consent must be obtained on an annual basis or as often as the patient is treated by a new Assistant. In cases wherein the medical service to be rendered by the Assistant is surgical in nature except in life threatening emergencies, the patient on each occasion must be informed of the procedure to be performed by the Assistant under the supervision of the Primary Care Physician or Specialist Physician and have consented in writing prior to performance to permit such rendering of the surgical procedure by said Assistant.

It shall be the responsibility of the supervising Primary Care Physician or Specialist Physician to obtain the patient consent herein required and failure to do so may result in the withdrawal by the Board of approval to supervise an Assistant as more specifically set forth in Section 1379.9 herein.

No student including preceptees in any approved program for the instruction of an Assistant to the Primary Care Physician or Specialist Physician shall render general medical services to any patient except in life threatening emergencies unless said patient has been informed that general medical services will be rendered by that student under the supervision of the program's instructors or preceptors and has consented in writing prior to performance to permit such rendering of general medical

services by said student. Said consent must be obtained on an annual basis or as often as the patient is treated by a new student. In cases wherein the medical service to be rendered by said student is surgical in nature, except in life threatening emergencies, the patient on each occasion must be informed of the procedure to be performed by that student under the supervision of the program's instructors or physician preceptors and have consented in writing prior to performance to permit such rendering of the surgical procedure by said student. The foregoing requirements pertaining to medical services surgical in nature shall be applied to those instances wherein the student is to assist the instructor or physician preceptor in the rendering of such medical services. It shall be the responsibility of the approved educational program to assure that the instructors or physician preceptors obtain the patient consent herein required. Failure to obtain the necessary consent may result in the withdrawal by the Board of approval of the educational program.

Section 1379.3. Proceedings under the Administrative Procedure Act. Proceedings under this article to deny, revoke, place on probationary status or withdraw approval of any certificate issued hereunder shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Board shall have all powers granted therein.

Section 1379.4. Prior Approval to Supervise. No licensed physician shall supervise a Physician's Assistant in the practice of medicine or surgery without the prior approval of the Board.

Section 1379.5. Application for Approval to Supervise. Approval to supervise a particular Physician's Assistant may be obtained by each proposed Supervising Physician filing an application with the Board on forms provided by said Board, which shall include the following:

- (a) The qualifications, including related experience, possessed by the proposed Physician's Assistant, information pertaining to general educational background, education as a Physician's Assistant, enrollment in allied health programs, enrollment in continuing education programs subsequent to graduation as a Physician's Assistant, and related patient oriented health care experience. The application should indicate when the appropriate California certification examination was passed by the proposed Physician's Assistant.
- (b) The professional background and specialty of the proposed Supervising Physician, information pertaining to the medical education, internship and residency of said physician, enrollment in continuing education programs by said physician, membership or eligibility therefor in American Boards in any of the recognized areas of medical specialty by said physician, hospitals where staff privileges have been granted, the number of said physician's certificate to practice medicine and surgery in the State of California, and such other information the Board deems necessary. Participation by the proposed Supervising Physician as a preceptor in an approved educational program for an Assistant to the Primary Care or Specialist Physician should be indicated and whether the proposed Physician's Assistant was supervised by said physician pursuant to such preceptorship program. The application should indicate the number of other Physician's Assistants supervised by the proposed Supervising Physician and whether any other applications to supervise a Physician's Assistant have been filed with the Board which are then pending.
- (c) A description by the physician of his practice, including the nature thereof and the location and the way in which the Assistant is to be utilized.

A separate application must be filed for each Physician's Assistant to be supervised by a licensed physician.

-3-

Section 1379.7. Grounds for denying approval to supervise a Physician's Assistant
The Board may deny an application by a licensed physician to supervise a particular Physician's Assistant when the Board finds:

- (a) The proposed Supervising Physician does not have a valid unrevoked and un-suspended certificate as a physician and surgeon issued by the Board.
- (b) The proposed Supervising Physician has been guilty of unprofessional conduct as defined in Chapter 5 of Division 2 of the Business and Professions Code within five years prior to the application. A decision of the Board within said period pursuant to a proceeding in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall be conclusive evidence of said unprofessional conduct.
- (c) The proposed Physician's Assistant or Supervising Physician have violated or aided or abetted in violating any of the provisions of Article 18 of Chapter 5 of Division 2 of the Business and Professions Code.
- (d) The proposed Supervising Physician is not by reason of professional background, medical education, specialty, or nature or practice, sufficiently qualified to supervise the particular Physician's Assistant.
- (e) The proposed Physician's Assistant has not passed the appropriate certification examination required under this article. However, the Board may grant interim approval of the application provided that the proposed Physician's Assistant apply for and takes the first certification examination given subsequent to his successful completion of an approved educational program. If the proposed Physician's Assistant fails said certification examination, the interim approval shall terminate upon notice thereof by certified mail to the Supervising Physician or in no case later than the date specified by the Board when granting said interim approval.
- (f) The proposed Physician's Assistant by reason of education and related patient oriented health care experience is not qualified to perform direct patient care services under the supervision of the proposed Supervising Physician.
- (g) The proposed Supervising Physician has not participated in and met the minimum requirements of a continuing educational program satisfactory to the Board.
- (h) The proposed Physician's Assistant has not participated in and met the minimum requirements of an appropriate continuing educational program established pursuant to either Section 1379.24(m) or Section 1379.41(m) herein.

Section 1379.8. Grounds for revoking, suspending, or placing on probationary status approval to supervise Physician's Assistants. The Board may revoke, suspend, for not more than one year, or place on probationary status approval to supervise a particular Physician's Assistant when the Board finds:

- (a) The approved Supervising Physician has been guilty of unprofessional conduct as defined in Chapter 5 of Division 2 of the Business and Professions Code. A decision of the Board pursuant to a proceeding in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall be conclusive evidence of said unprofessional conduct.
- (b) The Physician's Assistant has rendered medical services not authorized under this article regardless of whether or not the approved Supervising Physician had knowledge of the unauthorized act or acts.
- (c) The approved Supervising Physician has failed to exercise the applicable supervision required under this Article.
- (d) Failure of the Physician's Assistant to participate in and meet the minimum requirements of an appropriate continuing education program established pursuant to either Section 1379.24(m) or Section 1379.41(m) herein.
- (e) Failure of the Supervising Physician to participate in and meet the minimum requirements of a continuing education program satisfactory to the Board.
- (f) The certificate of approval to supervise a particular Physician's Assistant was procured by fraud or misrepresentation.
- (g) The Physician's Assistant has committed any of the acts under this article constituting grounds to revoke, suspend, or place on probationary status the certificate to practice as a Physician's Assistant by the Board.
- (h) Failure of the Supervising Physician to obtain the required consent as set forth in Section 1379.2 herein.
- (i) Failure of the approved Supervising Physician to comply with the billing requirement for medical services rendered by the Physician's Assistant as set forth in Section 1379.9 herein.

Section 1379.9. Billing for Medical Services Rendered by the Physician's Assistant. The Supervising Primary Care Physician or Specialist Physician shall in conjunction with his employment of a Physician's Assistant, charge a fee for only those personal and identifiable services which he, the Supervising Primary Care Physician or Specialist Physician renders. The services of the Physician's Assistant shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the Physician Assistant.

Section 1379.20. Definition of Assistant to the Primary Care Physician. For purposes of this Article, an Assistant to the Primary Care Physician means a person who is a graduate of an approved program of instruction in primary health care, who has passed a certification examination administered by the Board, and is approved by the Board to perform direct patient care services under the supervision of a Primary Care Physician or physicians approved by the Board to supervise such an assistant. An applicant may be issued a certificate without a written examination if at the time of his application the applicant:

(a) Has graduated from a Physician's Assistant program in primary health care whose requirements are equal to or greater than those of an Educational Program for an Assistant to the Primary Care Physician as set forth in this Article; and

(b) Has passed, to the satisfaction of the Board, an examination for such certification that is, in the opinion of the Board, comparable to the examination used in this state.

Section 1379.21. Definition of Primary Care Physician. For purposes of this Article, a Primary Care Physician is a physician, approved by the Board to supervise a particular Assistant to the Primary Care Physician, who evaluates his patients' total health care needs and who accepts initial and continuing responsibility therefor.

Section 1379.22. Definition of Supervision. Supervision of an Assistant to the Primary Care Physician within the meaning of this Article refers to the responsibility of the Primary Care Physician to review findings of the history and physical examination permitted by Section 1379.23(a) and all follow-up physical examinations with said Assistant together with the patient at the time of completion of such history and physical examination or follow-up examination and to consult with said assistant and patient before and after the rendering of routine laboratory and screening techniques and therapeutic procedures as described in Section 1379.23(b), (c), and (e), excepting where the rendering of routine laboratory and screening techniques are part of the history and physical examination or follow-up examination performed. The foregoing requirement of the Primary Care Physician to review findings of the history and physical examinations and consultation before the rendering of routine laboratory and screening techniques and therapeutic procedures, shall not apply when the Assistant to the Primary Physician is attending a patient in a life threatening emergency pending the arrival of the Primary Care Physician, nor is the presence of the Primary Care Physician necessary when said Assistant attends the chronically ill patient at home, in the nursing home or extended care facility for the sole purpose of collection of data for the information and consideration of the approved supervising physician.

Section 1379.23. Tasks Performable by an Assistant to the Primary Care Physician. An Assistant to the Primary Care Physician should be able to perform, under the responsibility and supervision of the Primary Care Physician, selected diagnostic and therapeutic tasks in each of the five major clinical disciplines (Medicine, Surgery, Pediatrics, Psychiatry and Obstetrics).

Specifically and by way of limitation, an Assistant to the Primary Care Physician should be able to:

(a) Take a complete, detailed and accurate history; perform a complete physical examination, when appropriate, excluding pelvic and endoscopic examination; and record and present pertinent data in a manner meaningful to the Primary Care Physician.

(b) Perform and/or assist in the performance of the following routine laboratory and screening techniques:

- (1) The drawing of venous blood and routine examination of the blood.
- (2) Catheterization and the routine urinalysis.
- (3) Nasogastric intubation and gastric lavage.
- (4) The collection of and the examination of the stool.

- (5) The taking of cultures.
 - (6) The performance and reading of skin tests.
 - (7) The performance of pulmonary function tests excluding endoscopic procedures.
 - (8) The performance of tonometry.
 - (9) The performance of audiometry.
 - (10) The taking of EKG tracings.
- (c) Perform the following routine therapeutic procedures:
- (1) Injections.
 - (2) Immunizations.
 - (3) Debridement, suture and care of superficial wounds.
 - (4) Debridement of minor superficial burns.
 - (5) Removal of foreign bodies from the skin.
 - (6) Removal of sutures.
 - (7) Removal of impacted cerumen.
 - (8) Subcutaneous local anesthesia, excluding any nerve blocks.
 - (9) Anterior nasal packing for epistaxis.
 - (10) Strapping, casting and splinting of sprains.
 - (11) Removal of casts.
 - (12) Application of traction.
 - (13) Application of physical therapy modalities.
 - (14) incision and drainage of superficial skin infections.
- (d) Recognize and evaluate situations which call for immediate attention of the Primary Care Physician and institute, when necessary, treatment procedures essential for the life of the patient.
- (e) Instruct and counsel patients regarding matters pertaining to their physical and mental health, such as diets, social habits, family planning, normal growth and development, aging, and understanding of, and long term management of their disease.
- (f) Assist the Primary Care Physician in the hospital setting by arranging hospital admissions under the immediate direction of said physician; by accompanying the Primary Care Physician in his rounds and recording physician's patient progress notes; by accurately and appropriately transcribing and/or executing specific orders at the direction of the Primary Care Physician; by compiling and recording detailed narrative case summaries; by completing forms pertinent to the patient's medical record.
- (g) Assist the Primary Care Physician in the office in the ordering of drugs and supplies, in the keeping of records, and in the upkeep of equipment.
- (h) Assist the Primary Care Physician in providing services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including the review of treatment and therapy plans.
- (i) Facilitate the Primary Care Physician's referral of patients to the appropriate health facilities, agencies and resources of the community.

An Assistant to the Primary Care Physician should have understanding of the socio-economics of medicine, of the roles of various health personnel and of the ethics and laws under which medicine is practiced and governed.

In addition to the tasks performable listed herein an Assistant to the Primary Care Physician may be permitted to perform under supervision of the Primary Care Physician such other tasks except those expressly excluded herein in which adequate training and proficiency can be demonstrated in a manner satisfactory to the Board.

Section 1379.24. General Requirements of an Educational Program for an Assistant to the Primary Care Physician. An educational program for instruction of an Assistant to the Primary Care Physician shall meet the following general requirements, as well as specific curriculum requirements set forth herein, for approval:

- (a) The program shall establish the need for a theoretical and clinical training program graduating an Assistant to the Primary Care Physician complementary to the effective delivery of medical services in primary health care.
- (b) Candidates for admission shall have successfully completed an approved high school course of study or have passed a standard equivalency test.

Prior clinical experience in direct patient contact is recommended for each candidate.

- (c) The educational program shall be established in educational institutions approved by the Board which meet the standards of the Western Association of Schools and Colleges, or any accrediting agency recognized by the National Commission on Accrediting, and which are affiliated with Board approved clinical facilities associated with a medical school approved by the Board.
- (d) The educational program shall develop an evaluation mechanism satisfactory to the Board to determine the effectiveness of its theoretical and clinical program compatible with statewide standards, the results of which must be made available to the Board annually.
- (e) Course work shall carry academic credit. Upon successful completion of the educational program, the student shall have academic credits for the courses taken of at least the equivalent of the Associate of Arts or Science Degree.
- (f) The educational program shall establish equivalency and proficiency testing and other mechanisms whereby full academic credit is given for past education and experience in the courses of the curriculum required in section 1379.25 herein.
- (g) The director of the clinical educational program must be a physician licensed to practice in the State of California who holds a faculty appointment at the educational institution.
- (h) Instructors in the theoretical program and clinical training program shall be competent in their respective fields of instruction and clinical training and be properly qualified.
- (i) The educational program shall establish a definitive candidate selection procedure satisfactory to the Board.
- (j) The number of students enrolled in the theoretical program should not exceed the number that can be clinically supervised and trained.
- (k) The educational program shall establish resources for continued operation of the training program through regular budgets, gifts or endowments.
- (l) The educational program shall require a three month preceptorship for each student in the outpatient practice of a Primary Care Physician as the final part of the educational program.
- (m) The educational program shall establish a continuing clinical educational program for Assistants to the Primary Care Physician.
- (n) An educational program approved by the Board as meeting the general educational requirements above and specific curriculum requirements established in this article for educational programs for an Assistant to the Primary Care Physician shall notify the Board whenever a change occurs in the directorship of the educational program or when major modifications in the curriculum are anticipated.
- (o) Failure of an educational program to continue compliance with the foregoing general requirements and the specific curriculum requirements of section 1379.25 herein subsequent to approval by the Board may result in the Board withdrawing said approval.

Section 1379.25. Curriculum Requirements of an Educational Program for an Assistant to the Primary Care Physician. The curriculum of an educational program for instruction of an Assistant to the Primary Care Physician shall include adequate theoretical instruction in the following:

Basic Educational Core

- Physics (to the extent necessary to the practice of Medicine)
- Chemistry (to the extent necessary to the practice of Medicine)

All at the junior college Basic Health Science Core level or its equivalent:

Mathematics including algebra
English
Anatomy and Physiology
Microbiology
Sociology or cultural anthropology
Psychology

The curriculum of an educational program shall also include adequate theoretical and clinical instruction which must include direct patient contact where appropriate, in the following:

Clinical Science Core

Community health and preventive medicine.
Mental health.
History taking and physical diagnosis.
Management of common diseases (acute, chronic, and emergent) including First Aid.
Concepts in medicine and surgery, such as:
 growth and development
 nutrition
 aging
 infection and asepsis
 allergy and sensitivity
 tissue healing and repair
 oncology
Common laboratory and screening techniques.
Common medical and surgical procedures.
Therapeutics, including pharmacology.
Medical terminology.
Medical ethics and law.
Medical socio-economics.
Counseling techniques and interpersonal dynamics.

Pursuant to the provisions of section 1379.24 (f) herein, the foregoing curriculum can be challenged for full academic credit through equivalency and proficiency testing and other mechanisms, except that no student shall be graduated unless a minimum period of one year is spent in residence in full time clinical training with direct patient contact.

1379.26. Requirements for Preceptorship Training. It shall be the responsibility of the educational program for an Assistant to the Primary Care Physician in establishing the preceptorship training program of the educational program to:

- (a) Establish a program for the continuous orientation of preceptors to the goals and purposes of the total educational program as well as the preceptorship training.
- (b) Establish a selection process for preceptors wherein consideration is given to interest, aptitude, and time for teaching and supervision with preference given to prior teaching experience. A preceptor may be selected on the basis of providing future employment for the preceptor but such a selection practice should not be the exclusive means of selection.
- (c) Provide to the Board in writing the name of and background information obtained on each proposed preceptor pursuant to the selection process described in Subdivision (b) above, particularly regarding interest, aptitude, and time for teaching and supervision.
- (d) Establish a program whereby the preceptor shall not be the sole person responsible for the clinical instruction or evaluation of the preceptee regardless of whether the preceptor participates in the prior education instruction received

within the program.

(c) Establish an evaluation mechanism to determine the effectiveness of the preceptor and the progress of the preceptee.

It shall be the responsibility of the educational program for the instruction of an Assistant to the Primary Care Physician to meet the foregoing requirements prior to Board approval of the educational program for instruction of an Assistant to the Primary Care Physician and failure of the program to continue compliance with said requirements may result in the Board withdrawing approval of the educational program.

Section 1379.27. Requirements of Preceptors. Preceptors participating in the preceptorship of an educational program for instruction of an Assistant to the Primary Care Physician pursuant to section 1379.24(e) herein shall:

(a) Be a physician licensed to practice in the State of California who is engaged in the active full time practice of primary care medicine which practice is sufficient to adequately expose the preceptee to the whole of family practice. Said practice need not be restricted to an office setting but may take place in clinics or institutions.

(b) Not have been guilty of unprofessional conduct as defined in Chapter 5 of Division 2 of the Business and Professions Code within five years prior to becoming a preceptor not after becoming a preceptor.

A decision of the Board pursuant to a proceeding in accordance with Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall be considered conclusive evidence of said unprofessional conduct.

(c) By reason of professional background medical education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees.

(d) Not be assigned to supervise more than one preceptee at a time and not be Board approved to supervise more than one Physician's Assistant at the same time.

(e) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1379.22 and 1379.23 herein.

(f) Demonstrate successful participation in and meet the minimum requirements of a continuing education program satisfactory to the Board.

(g) Shall in conjunction with his use of a preceptee, charge a fee for only those personal and identifiable services which he the preceptor renders. The services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

(h) Obtain the necessary patient consent as required in section 1379.2 herein.

It shall be the responsibility of the education program for instruction of an Assistant to the Primary Care Physician to assure that preceptors used comply with the foregoing requirements. Failure of said education program to use preceptors meeting these requirements or to notify the Board of the names of preceptors may result in the Board withdrawing approval of said educational program.

Section 1379.28. Identification of an Assistant to the Primary Care Physician and Trainees in Approved Program. When rendering medical services, an Assistant to the Primary Care Physician shall at all times wear an identification badge not less than two and one-half inches long on his outer garment which shall in print not less than one-fourth inch in size state the assistant's name and the title ASSISTANT TO THE PRIMARY CARE PHYSICIAN. When rendering medical services, a student enrolled in an approved educational program for Assistants to the Primary Care Physician shall at all times wear an identifying coat or jacket and an iden-

tification badge not less than two and one-half inches long on said coat or jacket which shall in print not less than one-fourth inch in size state the student's name and title:

ASSISTANT TO THE PRIMARY CARE PHYSICIAN
STUDENT

Section 1379.40. Definition of Assistant to the Specialist Physician. An Assistant to the Specialist Physician means a person who is a graduate of an approved program for instruction in a recognized clinical specialty who has passed a certification examination administered by the Board and is approved by the Board to perform direct patient care services in said specialty under the supervision of a physician or physicians in said specialty approved by the Board to supervise such assistant. An applicant may be issued a certificate without a written examination if at the time of his application the applicant:

- (a) Has graduated from a Physician's Assistant program in a recognized clinical specialty whose requirements are equal to or greater than those of an Educational Program for an Assistant to the Specialist Physician as set forth in this article; and
- (b) Has passed, to the satisfaction of the Board, an examination for such certification in the particular specialty that is, in the opinion of the Board, comparable to the examination used in this state for certification in said specialty.

Section 1379.41. General Requirement of an Educational Program as an Assistant to the Specialist Physician. An educational program for instruction as an Assistant to the Specialist Physician in any recognized clinical specialty shall meet the following general requirements, as well as specific curriculum requirements for the particular specialty more specifically set forth herein, for approval:

- (a) The program shall establish that its theoretical and clinical training program produces an Assistant to the Specialist Physician necessary to the effective delivery of medical services within that specialty.
- (b) Candidates for admission shall have successfully completed an approved high school course of study or have passed a standard equivalency test. Prior clinical experience in direct patient contact is recommended for each candidate.
- (c) The educational program shall be established in educational institutions approved by the Board which meet the standards of the Western Association of Schools and Colleges or any accrediting agency recognized by the National Commission on Accrediting and which are affiliated with Board approved clinical facilities associated with a medical school approved by the Board.
- (d) The Educational program shall develop an evaluation mechanism satisfactory to the Board to determine the effectiveness of its theoretical and clinical program compatible with statewide standards, the results of which must be made available to the Board annually.
- (e) Course work shall carry academic credit. Upon successful completion of the theoretical and clinical program the student shall receive an Associate of Arts or Science Degree.
- (f) The educational program shall establish equivalency and proficiency testing and other mechanisms whereby full academic credit is given for past education and experience in the courses of the curriculum required for the particular specialty, more specifically set forth herein.
- (g) The director of the educational program must be a licensed physician who is certified as or eligible to be a member of the American Board for the particular specialty and who holds a faculty appointment at the educational institution.
- (h) Instructors in the theoretical program and clinical training program shall be competent in their respective fields of instruction and clinical training and be properly qualified.
- (i) The educational program shall establish a definitive candidate selection procedure satisfactory to the Board.
- (j) The number of students enrolled in the theoretical program should not exceed the number that can be clinically supervised and trained.
- (k) The educational program shall establish resources for continued operation of the training program through regular budgets, gifts or endowments.
- (l) The educational program shall have an elective period, preferably near the end of the program, to permit the student to gain knowledge of subjects which pertain to the clinical specialty and the student's particular intended employment thereof.
- (m) The educational program shall establish a continuing clinical educational

- program for Assistants to the Specialist Physician in the particular specialty.
- (n) An educational program approved by the Board as meeting the general requirements above and specific curriculum requirements established in this Article for the particular curriculum specialty shall notify the Board whenever a change occurs in the directorship of the educational program or when major modifications in the curriculum are anticipated.
- (o) Failure of an educational program to continue compliance with the foregoing general requirements and the specific curriculum requirements for the particular specialty set forth herein subsequent to approval by the Board may result in the Board withdrawing said approval.

Section 1379.42. Identification of an Assistant to the Specialist Physician and Trainees in Approved Programs. When rendering medical services an Assistant to the Specialist Physician shall at all times wear an identification badge not less than two and one-half inches long on his outer garment which shall in print not less than one-fourth inch in size state the assistant's name and title ASSISTANT TO THE (insert specialty) PHYSICIAN (or SURGEON). When rendering medical services a student enrolled in an approved education program for Assistants to the Specialist Physician shall at all times wear an identifying coat or jacket and an identification badge not less than two and one-half inches long on said coat or jacket which shall in print not less than one-fourth inch in size state the student's name and the title:

ASSISTANT TO THE (insert specialty) PHYSICIAN
(or SURGEON)

STUDENT

Section 1379.60. Definition of an Assistant to the Orthopaedic Surgeon. For purposes of this Article, an Assistant to the Orthopaedic Surgeon means a person who is a graduate of an approved program of instruction in orthopaedic care, who has passed a certification examination administered by the Board and is approved by the Board to perform direct patient care services under the supervision of an orthopaedic surgeon or surgeons approved by the Board to supervise such an assistant.

Section 1379.61. Definition of an Orthopaedic Surgeon. For purposes of this Article, an orthopaedic surgeon is a physician, approved by the Board to supervise a particular assistant to the orthopaedic surgeon, who is certified by or eligible to take the examination for certification by the American Board of Orthopaedic Surgery and whose medical practice is limited to the clinical specialty of orthopaedics.

Section 1379.62. Definition of Supervision. Supervision of an assistant to the orthopaedic surgeon within the meaning of this article refers to the responsibility of the orthopaedic surgeon to review the assistant's assessment of signs and symptoms permitted by Section 1379.69(a) with the assistant together with the patient at the time of completion of such assessment and to consult with said assistant and patient before and after the rendering of routine laboratory and therapeutic procedures described in Section 1379.69(b), (c) and (e). The foregoing requirement of the orthopaedic surgeon to review assessment and consultation before the rendering of routine laboratory and therapeutic procedures, shall not apply when the assistant to the orthopaedic surgeon is attending a patient in a life threatening emergency pending the arrival of the orthopaedic surgeon, nor is the presence of the orthopaedic surgeon necessary when said assistant attends the chronically ill patient at home, in the nursing home, or extended care facility for the sole purpose of collection of data for the information and consideration of the orthopaedic surgeon.

Section 1379.63. Tasks Performable by an Assistant to the Orthopaedic Surgeon. An Assistant to the Orthopaedic Surgeon should be able to perform, under the responsibility and supervision of the Orthopaedic Surgeon, selected diagnostic and therapeutic tasks in orthopaedics.

Specifically and by way of limitation, an Assistant to the Orthopaedic Surgeon should be able to:

- (a) Take and record a complete orthopaedic history and perform and record a complete orthopaedic physical examination excluding pelvic and endoscopic examination and present data in a manner meaningful to the orthopaedic surgeon.
- (b) Perform or assist in the performance of the following routine procedures:
 - (1) The drawing of venous blood in adolescents and adults.
 - (2) The taking of cultures.
 - (3) Strapping, casting and splinting of sprains.
 - (4) Apply and remove plaster casts and splints to fractures and dislocations which are stable.
 - (5) Application of traction, exclusive of placement or removal of skeletal pins.
 - (6) Apply braces and prostheses.
 - (7) Check and make minor adjustments on braces and prostheses.
 - (8) Application of physical therapy modalities.
 - (9) Subcutaneous local anesthesia, excluding nerve blocks.
- (c) Recognize and evaluate situations which call for immediate attention of the Orthopaedic Surgeon and institute, when necessary, first aid treatment procedures essential to the life or limb of the patient.
- (d) Instruct and counsel patients regarding matters pertaining to injuries and orthopaedic diseases, such as exercises, care of casts, ambulation and the use of aids in personal care at home as well as rehabilitation, and understanding of and long term management of their disease or injury.
- (e) Assist the Orthopaedic Surgeon in the hospital setting by arranging hospital admissions under the immediate direction of said surgeon; by accompanying the Orthopaedic Surgeon in his rounds and recording physician's patient progress notes; by accurately and appropriately transcribing specific orders at the direction of the orthopaedic surgeon; by completing forms pertinent to the patient's medical record; by assisting the Orthopaedic Surgeon in rendering treatment of orthopaedic injury in the emergency room; and by assisting the Orthopaedic Surgeon in surgery as an operating room technician and by maintaining instruments and orthopaedic supplies for use in the operating room.
- (f) Assist the Orthopaedic Surgeon in the office in the ordering of medicines and supplies, sterilization of material, keeping of records, and in the upkeep of equipment.
- (g) Assist the Orthopaedic Surgeon by transmitting orders from said Surgeon to the prosthetist, orthotist, therapist and other members of the orthopaedic health care team.
- (h) Assist the Orthopaedic Surgeon in providing services to patients requiring continuing care in home, nursing home, extended care facilities, etc.
- (i) Facilitate the Orthopaedic Surgeon's referral of patients to the appropriate health facilities, agencies and resources of the community.

An assistant to the Orthopaedic Surgeon should have an understanding of the socio-economics of medicine, of the roles of various health personnel and of the ethics and laws under which medicine is practiced and governed.

In addition to the tasks performable listed herein an Assistant to the Orthopaedic Surgeon may be permitted to perform under supervision of the Orthopaedic Surgeon such other tasks except those expressly excluded herein in which adequate training and proficiency can be demonstrated in a manner satisfactory to the Board.

Section 1379.64. Curriculum Requirements of an Educational Program for Assistant to the Orthopaedic Surgeon. An approved educational program for instruction of an Assistant to the Orthopaedic Surgeon must extend over a period of two academic years and the total number of hours of all courses shall consist of a minimum of 62 semester units. The

curriculum shall provide for adequate instruction in the general education requirements for an Associates of Arts or Science degree in the following:

Health Careers

Human Anatomy and Physiology
Advanced Safety Service
Introductory Microbiology
Psychology
Sociology
Orientation to Patient Care and Staff Relationships

Orthopaedic Assisting

- (a) Patient Care
 - 1. Orthopaedic emergency care skills.
 - 2. Routine supportive procedures.
 - 3. Health care agencies.
- (b) Communication
 - 1. Orthopaedic history and recording of data.
 - 2. Instruction of patient and family.
 - 3. Medical terminology.
- (c) Orthopaedics
 - 1. Scope and relationship to other areas of medicine.
 - 2. Normal and pathological orthopaedic states.
 - 3. Elicitation and recording of orthopaedic signs and symptoms.
- (d) Orthopaedic Office
 - 1. Orthopaedic outpatient care.
 - 2. Care of orthopaedic supplies and equipment.
 - 3. Medical skills and law.
- (e) Plaster and Traction
 - 1. Application, removal, and management.
 - 2. Dangers and safeguards.
 - 3. Bone and soft tissue healing.
- (f) Operating Room
 - 1. Asepsis.
 - 2. Orthopaedic operations and surgical assisting.
 - 3. Care and uses of orthopaedic equipment.
- (g) Rehabilitation
 - 1. Application and management of orthopaedic appliances.
 - 2. Orientation to physical therapy and occupational therapy modalities.
 - 3. Orientation to orthotics and prosthetics.
- (h) Electives

Section 1379.70. Definition of an Assistant to the Emergency Care Physician. For purposes of this Article, an Assistant to the Emergency Care Physician means a person who is a graduate of an approved program for instruction of an Assistant to the Primary Care Physician and in addition thereto:

- (1) Has successfully completed an approved six-month preceptorship in emergency care medicine as described in Section 1379.73; and
- (2) Has passed a certification examination administered by the Board; and
- (3) Is approved by the Board to perform emergency care medicine under the supervision of an Emergency Care Physician approved by the Board to supervise such an Assistant.

Section 1370.71. Definition of an Emergency Care Physician. For purposes of this Article an Emergency Care Physician is a physician approved by the Board to supervise

a particular Assistant to the Emergency Care Physician whose medical practice involves either full time or part time rendering of emergency care in an accredited institution.

Section 1379.72. Definition of Supervision. Supervision of an Assistant to the Emergency Care Physician within the meaning of this Article refers to the responsibility of the Emergency Care Physician to review findings of the history and physical examination permitted by Section 1379.75 and to review follow-up physical examinations with said Assistant together with a patient at the time of completion of such history and physical examination or follow-up examination and to consult with said Assistant and said patient before and after rendering of routine laboratory and screening techniques and therapeutic procedures as described in Section 1379.75 excepting where the rendering of routine laboratory and screening techniques are part of the history and physical examination or follow-up examination performed. The foregoing requirement of the Emergency Care Physician to review findings of the history and physical examinations and consultation before the rendering of routine laboratory and screening techniques and therapeutic procedures shall not apply when the assistant to the Emergency Care Physician is attending a patient in a life threatening emergency pending the arrival of the Emergency Care Physician.

Section 1379.73. Requirements of Six-Month Preceptorship. A person may be eligible to become an Assistant to an Emergency Care Physician if he successfully completes an approved program for instruction of an Assistant to the Primary Care Physician and in addition thereto successfully completes a Board approved six-month preceptorship in emergency care conducted in a Board approved general hospital having an emergency room affording a broad spectrum of comprehensive emergency medical services which is attended on a twenty-four hour basis by a full time Emergency Care Physician who has worked in such capacity on a full time basis for a minimum of one year. Said approved general hospital must be affiliated with an approved program for instruction of an Assistant to the Primary Care Physician which shall issue a certificate of completion upon successful termination of the preceptorship program.

Said preceptorship program shall include but not necessarily be limited to training in the emergency setting in the following:

- (a) Principles of and initial evaluation of the patient; vital signs such as temperature, pulse, respiration, and blood pressure and gross deformities.
- (b) Resuscitation, inclusive of the monitoring of intravenous fluids, catheters, vital signs, and central venous pressure, as well as the use of the electrocardiogram.
- (c) Principles of emergency child birth.
- (d) Principles of pediatric emergencies inclusive of aspiration of foreign bodies, allergic reactions and status asthmaticus.
- (e) Assessment of burns.
- (f) Assessment of extremity and facial trauma.
- (g) Assessment of head injuries-types, problems, and methods of handling.
- (h) Shock-recognition, types and treatment.
- (i) Sports injuries, inclusive of immobilization, appropriate carrying devices, methods of lifting, transferring, covering and positioning.
- (j) Vesicants, poisoning, snake bites, heat stroke, and heat exhaustion.
- (k) Recognition of fractures, inclusive of methods of immobilization and casting.
- (l) Assisting in suturing techniques.
- (m) Assessment of drug intoxication, acute psychosis, and recognition of psychiatric emergencies.
- (n) Ambulance services inclusive of lifting, transferring, covering, and positioning; appropriate carrying devices and moving it properly; loading and unloading patients; and care of patient en route inclusive of tasks performable by mobile intensive care paramedics as set forth in Health and Safety Code Section 1482 under the circumstances therein specified.

Section 1379.74. General Requirements of an Educational Program for an Assistant to the Emergency Care Physician. An educational program for instruction of an Assistant to the Emergency Care Physician shall meet the general requirements of an educational program of an Assistant to the Primary Care Physician as set forth in Section 1379.24 herein. In addition thereto a program for instruction of an Assistant to the Emergency Care Physician must include an additional six-month preceptorship in emergency care and therefore said program must be affiliated with a Board approved general hospital having an emergency room affording a broad spectrum of comprehensive emergency medical services which is attended on a twenty-four hour basis by a full time Emergency Care Physician who has worked in such capacity on a full time basis for a minimum of one year.

Said preceptorship program shall include but not necessarily be limited to the training requirements set forth in Section 1379.73.

Section 1379.75. Tasks Performable by an Assistant to the Emergency Care Physician. An Assistant to the Emergency Care Physician should be able to perform under the responsibility and supervision of the Emergency Care Physician, specifically and by way of limitation, the following tasks:

- (a) Perform those parts of history and physical examination necessary for the emergency setting (excluding pelvic and endoscopic examination) and record and present pertinent data in a manner meaningful to the Emergency Care Physician.
- (b) Recognize and evaluate situations which call for immediate attention of the Emergency Care Physician and institute when necessary treatment procedures essential for the life of the patient.
- (c) Perform and/or assist in the performance of the following routine laboratory procedures:
 - (1) Venapuncture and performance of Hct, Hgb, CBC, and sedrate determination.
 - (2) Catheterization and routine urinalysis.
 - (3) Nasogastric intubation and gastric lavage.
 - (4) Collection and preparation of specimens (gm stain, C & S).
 - (5) Taking EKG's and gross recognition of abnormal tracings.
- (d) Perform the following routine therapeutic procedures:
 - (1) Injections.
 - (2) Immunizations typical to the Emergency Room (e.g., tetanus).
 - (3) Debridement, suture and care of superficial wounds (excluding facial lacerations), after evaluation by a physician.
 - (4) Treatment of minor superficial burns—first/second degree.
 - (5) Removal of foreign bodies from the skin.
 - (6) Removal of sutures.
 - (7) Subcutaneous local anesthetics, excluding any nerve blocks.
 - (8) Anterior nasal packing for epistaxis.
 - (9) Strapping, casting and splinting and assisting a physician with complex casting.
 - (10) Cast removal.
 - (11) Assist in traction applications.
 - (12) Assist in closure of deep extremity lacerations appropriately repaired in the Emergency Department.
 - (13) Assist with minor surgical procedures (incision and drainage of abscesses, including felons, wound irrigation and packing, evacuation of hematomas and nail removal for infections).
 - (14) Assist in spinal tap.
 - (15) Insert intravenous needles and catheters and administer intravenous medication under the direct supervision of attending physician in emergency situations.
 - (16) Perform intubation of airway under the direct supervision of attending physician in emergency situations.

- (17) Apply all types of wound dressings.
 - (18) Closed chest massage.
 - (19) Peripheral venous cutdown and catheterization of non-surgical nature.
 - (20) Emergency childbirth and resuscitation of newborn.
 - (21) Arrest of hemorrhage.
 - (22) The tasks performable by mobile intensive care paramedics as set forth in Health and Safety Code Section 1482 under the circumstances therein specified.
- (e) Be responsible for appropriate triage of the patients as they enter the Emergency Department. Specifically, when possible, categorize the patients into Life Threatening, Immediate Care Emergencies, and non-emergent problems.

EXHIBIT K

EXHIBIT K



BOARD OF MEDICAL EXAMINERS

ADVISORY COMMITTEE ON PHYSICIAN'S ASSISTANT
AND NURSE PRACTITIONER PROGRAMS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 322-2670



QUESTIONNAIRE

The Advisory Committee on Physician's Assistant and Nurse Practitioner Programs has developed this questionnaire for the purpose of gathering information which will lead to possible changes in the present regulations (copy enclosed) that could better utilize the physician's assistant's capabilities consistent with quality patient care. We are meeting a legislative deadline and would appreciate a prompt reply to this questionnaire by April 12, 1974 in the enclosed self-addressed stamped envelope. All replies are anonymous so that you may be most candid.

1. Are you an M.D. _____ or a P.A. _____?
2. Reference Regulations 1379.2 (Patient Consent)

Have the requirements of Section 1379.2 for annual written consent for medical services rendered by identifiable physician's assistants been a workable method of obtaining informed consent on each patient in your practice? If not, what recommendations would you make for alternative methods to guarantee the intent of the informed consent?

It has been workable _____ It has not been workable _____

Comments:

3. Reference 1379.5 (Application for Approval to Supervise)

Did you encounter problems in complying with this section of the regulations? Yes _____ No _____

If so, please comment.

4. Reference 1379.22 (Definition of Supervision)

Do you find difficulty in interpreting this section? Yes _____ No _____

If so, what specific segments of the regulations need clarification or revision?

Clause _____

Clause _____

Comment:

Clause _____

Comment:

5. Reference 1379.23 (Tasks Performable by the Assistant to the Primary Care Physician)

Are the allowed tasks performable commensurate with the demands of your practice: Yes _____ No _____

Comment:

Is the exclusion of the pelvic examination acceptable? Yes _____ No _____

Comment:

Is the exclusion of the endoscopic examination acceptable? Yes _____ No _____

Comment:

What recommendations do you have for implementation of the last paragraph in Section 1379.23 relating to the extension of tasks performable?

Comment:

EXHIBIT L

18. Is this application being submitted in conjunction with another physician's application to supervise said Physician's Assistant? Yes No
 If YES, list names of other physicians who will supervise this Physician's Assistant.
- _____
- _____

II DESCRIPTION OF PRACTICE

1. Type (e.g. Family, Industrial, Wt. Control) Specialty(if any)

If Family Practice indicate percentage of time spent in Surgery _____ Medicine _____
 Ob-Gyn _____ Pediatrics _____ Other(including Industrial Practice) _____

2. Are you Board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification _____	Are you Board Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO
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3. Solo Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	Group Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give number in group. _____
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4. Name of Group (Check one) Single Specialty
 Multi-Specialty

5. Are you employed by a hospital or other institution? YES NO
 If YES, give details. _____

6. No. of years in practice in present area? _____ Length in hours of average work day? _____	Total years practice of medicine. _____ No. of hours in a work week? _____
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7. No. of active patients. No. _____	No. of patients visited daily. No. _____
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8. No. of nursing personnel employed in practice _____ Other paramedical _____
 No. in administrative/clerical personnel _____

9. Total number of patients seen daily away from office _____ Miles traveled _____ In their homes _____ Miles traveled _____ hospital _____ Miles traveled _____ other locations _____ Miles traveled _____
--

10. Population of city/town in which your practice is located? _____

11. Medical Service area covers approx. _____ square miles.

12. Number of miles from nearest metropolitan area of 100,000 persons _____

13. By ratio, what percentage of your practice is on fee for service _____ Pre-paid _____

14. List hospitals where you have Staff privileges(indicate if privileges are full or limited. If limited, explain): _____

15. Have you ever had your Hospital Staff privileges revoked? YES NO
 If Yes, explain. _____

16. Identify past Academic appointments: _____

17. Present Academic appointments:

18. List Honorary & Professional societies to which you belong:

19. List non-professional organizations in which you have active membership and other civic responsibilities you are actively involved in:

20. Have you ever had any medical license suspended, revoked or otherwise disciplined?
 YES NO If YES, explain:

21. In the past five years have you had an adverse judgment entered against you or entered into an adverse settlement or a medical mal-practice lawsuit? YES NO
If YES, list types and dates:

22. Name of your professional liability carrier:

III USE AND NEED PROJECTIONS

A. Describe fully in your own words how you propose to utilize a Physician's Assistant in your practice (nature of facility, hours/work week, duties, supervision, etc):

B. Justify your need for a Physician's Assistant; based on health reasons, area, lack of available doctors, etc:

IV PHYSICIAN'S ASSISTANT INFORMATION

1. Name		Age
2. Type(Primary Care/Specialist)		Physician's Assistant School
3. Date of Graduation	Date of Certification	Certification No.
4. Past Medical Experience		
5. Past Physician's Assistant Employment:		
6. List accredited continuing education program(s) Physician's Assistant has participated in during the past three(3) years:		
7. Is Physician's Assistant currently enrolled in an accredited continuing education program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where		

I have read and fully understand Article 18 of Division 2, Chapter 5 of the Business and Professions Code(commencing with Sect. 2510) and the regulations promulgated by the Board of Medical Examiners pursuant thereto, and do hereby apply for approval to supervise a Physician's Assistant in the state of California in accordance with said provisions, and do herewith state under penalty of perjury that I am the person whose signature is affixed below and that all statements made are true in every respect, and understand that mis-statements or omissions of material facts may be cause for denial of this application or invalidation of any such approval.

Signature of Applicant _____
 Date _____

INSTRUCTIONS AND INFORMATION

Please read this information carefully and be sure you understand it.

- A. Applicants must NOT utilize the services of a Physician's Assistant until approval to do so has been given by the Committee. (Sect. 2516, B & P Code)
- B. No person may be supervised as a Physician's Assistant who is NOT approved as such by the Committee. (Sect. 2617, B & P Code.)
- C. The application fee for EACH Supervisor is \$10.00. (Sec. 2516, B & P Code)
- D. Print or type requested data. The application is designed so that it may be completed in a typewriter.
- E. Please answer all questions carefully AND completely in submitting the required information.
- F. If additional space is required, attach separate paper(s) as necessary.
- G. Partially completed applications are NOT acceptable.
- H. Applications must be completed on a form furnished by the Committee.
- I. Applications will be considered by the Committee at their next regular meeting.

A copy of the law and also a copy of the regulations of the Advisory Committee on Physician's Assistants and Nurse Practitioner Programs is enclosed with this application.

EXHIBIT M



NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

OFFICIAL CERTIFICATION OF EXAMINATION SCORE

PRIMARY CARE PHYSICIAN'S ASSISTANTS EXAMINATION

TO:

Name: _____ Social Security No. _____

Location of Examination: _____ Date of Examination: _____

THIS CERTIFIES that _____ successfully completed the Primary Care Physician's Assistants Examination shown above and that his/her score is as follows:

SCORE RECEIVED - _____

PASSING SCORE - _____

This was a one-day written examination divided into two sections. The first section consisted of multiple-choice and other objective item format questions designed to assess the candidate's knowledge and skill in applying knowledge related to clinical material presented in printed and pictorial form. The second section 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 in making appropriate management decisions. The above score represents performance on the total test.

Secretary for Certification

SEAL

Date



NATIONAL BOARD OF MEDICAL EXAMINERS

February 25, 1974

M E M O R A N D U M

SUBJECT: Performance of Candidates on the 1973 Certifying Examination for Primary Care Physician's Assistants - December 12, 1973

TO: State Medical Boards and Licensing Authorities

FROM: Charles F. Schumacher, Ph.D., Director, Division of Psychometrics
Barbara J. Andrew, Ph.D., Director, Division of Allied Medical Evaluation

This report has been prepared to provide you with a descriptive summary of the 1973 Certifying Examination for Primary Care Physician's Assistants including a description of the mean examination score of all candidates and the national recommended minimum pass level.

The 1973 examination program consisted of a one-day written examination divided into two sections. The morning section contained multiple-choice and other objective format questions presented in printed and pictorial form. Items on this section of the examination were designed to assess the candidate's knowledge and skill in applying knowledge related to high priority health care functions that a primary care physician's assistant should definitely be skilled in performing. These items covered materials in the following broad areas of competence:

- a. the identification and classification of physical findings,
- b. patient management,
- c. patient counseling and instruction,
- d. knowledge related to clinical procedures (e.g., wound care, fracture management, cardiopulmonary resuscitation, electrocardiograms).

The afternoon section of the examination consisted of patient management problems in which the candidate was presented with simulated clinical cases and asked to make decisions regarding the appropriate diagnostic work-up and management of the patient as he/she would in an actual clinical setting. These problems were designed to assess the candidate's skill in gathering pertinent information about patients and in making appropriate management decisions. Clinical cases were presented in both adult and pediatric medicine, and included emergency as well as non-emergency problems.

As shown in Table 1 on the following page, 880 candidates took the examination in thirty-eight test centers across the country. Sixty-two percent of these candidates received their training in physician's assistant programs, twenty-nine percent in Medex training programs, and nine percent in nurse practitioner programs

Table 1
Composition of Candidate Group

Type of Training	Number	Percent
Physician's Assistant	538	62
Medex	265	29
Nurse Practitioner	77	9
Total	880	100

Table 2 lists by category those training programs that provided candidates for the 1973 Certifying Examination. Programs having 5 or more candidates are identified with an asterisk (*) on this list.

Table 3 summarizes the clinical experience of the candidate group in terms of the length of time spent practicing as a physician's assistant or nurse practitioner, and involvement in health care delivery prior to being trained as a P.A. or nurse practitioner. (In this context, the term "physician's assistant" also includes individuals who have been trained in Medex programs.) This table indicates that the vast majority of examinees (89 percent) had completed their training by the date of the Certifying Examination and had already acquired a full-time clinical experience (81 percent). Moreover, 91 percent of the examinees had been involved in health care delivery prior to being trained as a physician's assistant or nurse practitioner. For 86 percent of this group, their prior experience in health care delivery involved direct patient contact. Prior experience in health care delivery had been in a technical capacity for 11 percent of the group.

Table 2

PHYSICIAN'S ASSISTANT/ASSOCIATE PROGRAMS

*University of Alabama	University of Wisconsin
Albany Medical College	*Northeastern University
*Alderson Broaddus College	*Oklahoma University Medical Center
*Antioch College - Harlem Hospital	*Sheppard Air Force Base
*Baylor College of Medicine	*St. Louis University
*Bowman-Gray School of Medicine	*Stanford University Medical Center
*Brooke Army Medical Center	*SUNY Stony Brook
*Brooklyn Cumberland Medical College	*Texas University
Casa Loma College	*USPHS Hospital
*University of Colorado	*Yale University School of Medicine
*Duke University Medical Center	University of Kentucky
*Emory University School of Medicine	*Phoenix Indian Medical Center
George Washington University	*Emory MSAP
*Hahnemann Medical College	
*Johns Hopkins	

MEDEX PROGRAMS

*Charles Drew	*University of Utah
*Dartmouth Medical School	*University of Washington
*Medical University of South Carolina	University of Alabama
*North Dakota University Medical School	*Community Health Medic Training Program

FAMILY NURSE PRACTITIONER PROGRAMS

*University of California-Davis	*University of North Dakota
*University of Indiana	Boston City Hospital
University of Maine at Portland	

PEDIATRIC NURSE PRACTITIONER PROGRAMS

University of Alabama	Meharry Medical College
*University of Arkansas	*Olive View Medical Center
University of Colorado	University of Rochester
Good Samaritan Hospital	University of Texas
Methodist Hospital	Washington University
Mayo Clinic	University of West Virginia

OTHER NURSE CLINICAL PROGRAMS

*Albany Medical College	University of Connecticut
*University of Colorado	University of Rochester

Table 3
Experience of Candidate Group

Biographic Data	Percent-Total Group		Percent Answering Yes
	<u>Yes</u>	<u>No</u>	
Completed an educational program	89	11	
Clinical experience since training	81	19	
up to 2 years clinical experience			88
more than 2 years clinical experience			12
Prior experience in health care delivery:	91	9	
patient contact			86
technical			11
other			3

The statistical analysis of the examination indicates that it was reliable and moderately difficult for the group of examinees who took it.

As shown in Table 4, the reliability of the total examination was .89, which places it within the range of reliabilities for other National Board examinations. The mean difficulty level for the multiple-choice question (MCQ) section of the examination equalled .64 which is also within the range found on other National Board examinations. This statistic indicates that the average candidate answered about 64 percent of the multiple-choice questions correctly. The mean difficulty level of the patient management problems (PMP) was .79 which also corresponds to the difficulty levels on other PMP examinations. Again, this statistic indicates that the average examinee made about seventy-nine percent of the correct decisions regarding diagnostic and management/treatment procedures that were offered on this examination.

Table 4
Examination Statistics

Statistic		Range-Other NBME Exams	
Composite Reliability	.89	(.88 - .91)	
Mean Difficulty	MCQ	.64	(.60 - .65)
	PMP	.79	(.75 - .85)

It should be emphasized that because this examination may be used by state licensing authorities and employers as one component in evaluating an individual's qualification for practice, it was designed to assess competence in core knowledge and skill areas. Thus, the objective of this examination was to identify those individuals who have not achieved minimum acceptable proficiency in relation to core knowledge and skill areas. It is recognized that educational programs will provide training beyond the basic core of skills required for practice, and for this reason, this Certifying Examination should not be looked upon as a comprehensive evaluation of any training program.

Table 5 summarizes the examination score for all candidates. The average standard score for all 880 candidates on the total examination was 495 and the standard deviation was 84. The median standard score was 506. At this level, 50 percent of the examinees scored above 506 and fifty percent scored below 506. The minimum standard score required to pass was 400. At this standard, 87.5 percent of the candidates passed the examination.

The minimum pass level was set by the National Board Advisory Committee on Physician's Assistants whose membership includes physicians who employ P.A.'s, physicians who train them, representatives from the AMA Council on Health Manpower, and practicing physician's assistants. This pass level was also reviewed and approved by the Executive Committee of the National Board.

No significant differences in mean standard scores were encountered between examinees trained in physician's assistants, Medex, or nurse practitioner programs. However, examinees who had acquired clinical experience as a physician's assistant or nurse practitioner since completion of a training program scored significantly higher on the examination than did examinees without such clinical experience. This finding provides evidence of the construct validity of the examination since it appears to be measuring knowledge and skills that are relevant to practice and that increase with clinical experience.

EXHIBIT N

Table 5
Examinee Performance

Mean Standard Score	495
Standard Deviation	84
Median Standard Score	506
Minimum Pass Level	400
Percent Passing at 400	87.5%

Examinees have been notified by mail as to their examination score and the minimum score required to pass. The National Board of Medical Examiners will certify examination scores to state licensing authorities only upon the written request of an examinee.

A sample certification form is attached for your information. Only scores reported on this form and bearing the original signature of the Secretary for Certification should be considered official.

Memorandum

To : Dolores Rios
Assistant Executive Secretary

Date : April 25, 1974

File No.:

From : ~~Board of Medical Examiners~~ Lawrence Streit
Departmental Examination Consultant

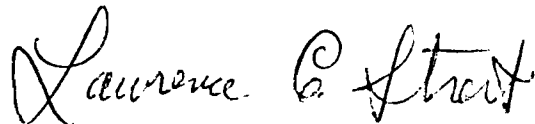
Subject: ESTABLISHMENT OF A PASSING SCORE IN THE EXAMINATION FOR
PRIMARY CARE PHYSICIAN'S ASSISTANTS

Following is a summary of my thoughts on the establishment of the passing score on the examination for Physician's Assistants:

1. One of the advantages in utilizing an examination prepared by the National Board of Medical Examiners or an equivalent nationwide organization is that such an agency (a) maintains a professional staff which is qualified in the general field of examining principles and procedures as well as the specific subject matter of the tests, (b) provides the widest possible source base for the acquisition of material, and a continuing service with respect to necessary revisions and updating of questions, as well as introduction of new examining techniques as they are developed, and (c) most important to the consideration before us - such an organization makes item analyses and provides statistical criteria for the evaluation, interpretation, and application of examination results.
2. The passing score recommended by the National Board is based upon nationwide application of statistical criteria. In my opinion, this passing score should be adopted in California unless there is substantive reason for departing from it through setting a passing mark higher or lower than the one recommended. There are several reasons for doing it this way: (a) establishing a passing score at the point recommended by the National Board is easily defended if a critical review is made, since it is based upon a complete statistical analysis of the examination including measurements of central tendency, dispersion, and reliability; (b) if you believe that the education, training, and experience requirements imposed before the applicant is accepted for examination are entirely adequate - then the normal expectancy would be that most or nearly all of the applicants would be likely to pass the qualifying written test. I understand that nearly all of them do. Under the above stated circumstances, this does not constitute a matter

of concern; (c) the standard deviation (measure of dispersion or variability) is based upon the central tendency of the data or group average and is uniformly accepted as a basic concept in the interpretation of examination results.

3. The fact that in some cases there may be a difference between the raw score and the passing score from examination to examination should not be of great concern unless appreciable and erratic variation occurs. Minimal differences can more or less be ignored since one would expect minor variations as each new group of applicants is tested. The act of adopting the passing score recommended by the National Board constitutes an official determination by the California Board of Medical Examiners and satisfies the requirement that the Board assume full responsibility for determination of qualifications for licensure. There is no abrogation of responsibility when the Board prescribes through adoption both the precise nature of the examination to be administered and the qualifying score to be established.



LAWRENCE STREIT

Departmental Examination Consultant

LS:vjm

EXHIBIT O

PROPOSED
PHYSICIAN'S ASSISTANT APPLICATION

AGENDA ITEM # 74

STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

RONALD REAGAN, Governor

DEPARTMENT OF CONSUMER AFFAIRS—BOARD OF MEDICAL EXAMINERS

ADVISORY COMMITTEE ON PHYSICIAN'S ASSISTANT AND NURSE PRACTITIONER PROGRAMS
1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: 916—445-4584



MAR 16 1973

PRIMARY CARE
PHYSICIAN'S ASSISTANT
APPLICATION FOR EXAMINATION
(2511 B & P Code)

(For Dept. Use Only)
Application Fee.

Print or type Please read instructions on page 4 carefully before completing

1. Name:	Last	First	Middle	2. Social Security No.	
3. Residence:	No., Street/Rural Rte.	City	State	Zip Code:	
			Telephone:	Area Code.	
4. Birth date:	Male	Color eyes	Ht.	U.S. Citizen	By birth
Mo. day yr.	Female	Color hair	Wt.	yes no	Naturalization

6. Preliminary Education (4-Year High School or Equivalent)

Name of High School	Location	Period of Attendance
		From To

7. Have you had courses of instruction after high school? YES NO
If YES, complete the following:

Title of Course(s)	Name of School(s)/Program(s)	Location	Dates of Attendance
			From To

8. Have you completed courses of instruction as a Physician's Assistant? YES NO
If YES, complete the following:

Title of Course(s)	Name of School(s)/Program(s)	Location	Dates of Attendance
			From To

9. EQUIVALENCY: If you did NOT graduate from an approved Physician's Assistant school, what training or experience, or a combination of training and experience, do you believe you have as equivalent thereto:

Training	Experience	Location	Dates
			From To

10. Are you licensed, registered, certified in any manner in any state or country in any health occupation? Give details.

11. Have you ever failed a written, oral or practical examination given by the Board or Committee?
 YES NO If YES, give date(s): _____ Year _____ Month

12. Have you ever had a license or certificate denied or disciplined by another state or country?
 YES NO If YES, give details (location/dates/charges): _____

- (a) Omitting minor traffic violations, have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States or a foreign country?
- (b) Are you now or have you ever been addicted to narcotics, dangerous drugs, or alcohol?

Attach passport-size photo (3"x3") of applicant taken within 60 days of date of application.

Bust-size-proof photo not acceptable.

14. NOTE: The photograph to the left AND the sworn affidavit below must be dated within sixty (60) days of the filing date of this application. One extra photo must also be submitted.

AFFIDAVIT OF APPLICANT

STATE OF _____ }
 COUNTY OF _____ } ss.

I hereby apply for an examination for Physician's Assistant in the State of California and do herewith submit this application as required by Section 2511 of the California Business and Professions Code and by the rules of the Advisory Committee of the State of California, and being duly sworn state that I am the person whose photo is attached; and further, that I have read the foregoing application in its entirety and know the contents thereof, and that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for denial of this application or invalidation of any such approval.

 Signature of applicant in full—use no initials

Subscribed and sworn to before me this _____ day of _____, 19____

 Signature of Notary Public

NOTARY SEAL

 Address of Notary Public

My commission expires:

[NOTE—This endorsement SHOULD NOT BE EXECUTED unless the applicant has affixed the affidavit at the bottom of the preceding page (2)]

NATIONAL BOARD OF MEDICAL EXAMINERS

I, _____, Secretary of the National Board of Medical Examiners and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. _____ was issued to _____, M.D., on the _____ day of _____, 19____, and has been delivered to him; (2) that prior thereto said applicant filed with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part	_____	from	_____	to	_____	19____	_____
	Location of examination		Month Day		Month Day		Enter percentage
2nd part	_____	from	_____	to	_____	19____	_____
	Location of examination		Month Day		Month Day		Enter percentage
3rd part	_____	from	_____	to	_____	19____	_____
	Location of examination		Month Day		Month Day		Enter percentage

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original date of issue (if a Duplicate please add an explanatory note); (6) that from the records of the National Board of Medical Examiners, I believe the above applicant to be a fit, proper and fully qualified person to receive a physician's and surgeon's certificate to practice in California and so recommend.

In testimony whereof witness my hand and seal

 Signature of executive officer

**CERTIFICATION OF PHYSICIAN'S ASSISTANT SCHOOL RELATIVE TO
COMPLETION OF COURSE IN PHYSICIAN'S ASSISTANT PROGRAM**

This certifies that _____ of _____
Name Address when matriculated
 matriculated in _____ on the _____ day
Name of school or college
 of _____, 19____, was granted the following credits on matriculation _____

Specify whether entered as Freshman or with advanced credits and give transcript of preliminary education and advanced credit, if any—including whether some equivalence in education was given for prior training and experience.

The undersigned further certifies that the records of this institution show that the applicant herein referred to has attended this institution from _____, 19____, to _____, 19____,
Month Day Year Month Day Year
 completing the following schedule of instruction. Physician's assistant as set forth hereunder, and that he graduated and was granted a _____ on the _____ day of _____, 19____.
Specify whether certificate, diploma, or diploma

Period of Residence Service from _____ to _____

Period of Preceptorship from _____ to _____

Field(s) of Specialty (if any) _____

a. Basic Education

Physics (to the extent necessary to the practice of Medicine) _____
 Chemistry (to the extent necessary to the practice of medicine) _____

b. Basic Health Science Core

All at the junior college level or its equivalent:

Mathematics including algebra _____
 English _____
 Anatomy and Physiology _____
 Microbiology _____
 Sociology or cultural anthropology _____
 Psychology _____

c. Clinical Science Core (must include adequate theoretical and clinical instruction under

Community health and preventive medicine, direct patient contact _____
 Mental health _____
 History taking and physical diagnosis. _____
 Management of common diseases (acute, chronic, and emergent) including First Aid. _____
 Concepts in medicine and surgery, such as:
 growth and development _____
 nutrition _____
 aging _____
 infection and asepsis _____
 allergy and sensitivity _____
 tissue healing and repair _____
 oncology _____
 Common laboratory and screening techniques. _____
 Common medical and surgical procedures. _____
 Therapeutics, including pharmacology. _____
 Medical terminology. _____
 Medical ethics and law. _____
 Medical socio-economics. _____
 Counseling techniques and interpersonal dynamics. _____

Signed and the school seal affixed this _____

(SEAL)

day of _____, 19____

INFORMATION AND INSTRUCTIONS

In answer to your recent inquiry, you will find the following information and instructions pertaining to the completion of an Application for Examination as a **Physician's Assistant** as provided by Division 2, Chapter 13, Article 15 of the California Business and Professions Code. A copy of the **Physician's Assistant Act** and Rules and Regulations are enclosed with this application. Please read this information carefully and be sure you understand it.

GENERAL INFORMATION

- A. Applicants must NOT practice as a **Physician's Assistant** until the Committee has (1) issued its "approval" to do so AND (2) "approval" of a **Physician** to supervise such assistants (sections 2516 and 2517, California Business and Professions Code).
- B. Partially completed applications are not acceptable.
- C. The application fee is: \$_____.
- D. Print or type requested data. The application is designed so that it may be completed in a typewriter.
- E. If additional space is required, attach separate paper(s) as necessary.
- F. Each question number will have the same corresponding instruction number for ease in reference.
- G. Applications will be considered by the Committee at their next regular meeting.
- H. Please answer all questions carefully AND completely in submitting the required information.
- I. Applications must be completed on forms furnished by the Committee.
- J. Fingerprints should be taken by a law enforcement officer or on enclosed standard forms.
- K. Attach the Form 41 to a duplicate photograph and have it certified by a Notary Public.
- L. The complete application with all required documents is to be filed in the Sacramento office of the Committee at least 45 days prior to the examination.

INSTRUCTIONS

- Item No. 8: Applicants for admittance to the written examination for **Physician's Assistant** must show graduation from a school for **Physician's Assistants** approved by the Board of Medical Examiners . . . or in lieu thereof.
- Item No. 9: Applicants, who have not completed an educational program, and who are applying on the basis of having training and experience which they wish the Committee to consider as the equivalent of graduation from a school for **Physician's Assistants** approved by the Board, must submit in writing appropriate documentation in support of such a request. The Committee will carefully consider and evaluate all such requests together with supporting information and documentation relative to the approved curriculum shown in this application and Committee Regulations. Please provide names and addresses of all supervisors or instructors.
- Item No. 15: Certificates of moral character should be completed by persons who have known you at least one year.

EXHIBIT P



BOARD OF MEDICAL EXAMINERS

**ADVISORY COMMITTEE ON PHYSICIAN'S ASSISTANT
AND NURSE PRACTITIONER PROGRAMS**

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 322-2670


 File No. _____
 (to be assigned by Board)

FEE: \$50.00 for each proposed program

APPLICATION FOR ISSUANCE OF
 CERTIFICATE OF APPROVAL FOR AN EDUCATIONAL PROGRAM FOR A
 PHYSICIAN'S ASSISTANT TO THE PRIMARY CARE PHYSICIAN
 (Sec. 2515(a) and (c), Business and Professions Code)

PRINT OR TYPE

NAME OF EDUCATIONAL INSTITUTION:

 hereby requests issuance of a Certificate of Approval for Physician's Assistants program
 for the Primary Care Physician. (Board Rule 1379.1)

ADDRESS: No/Street City State Zip

NAME OF ACCREDITING AGENCY: (Board Rule 1379.24c) (ATTACH EVIDENCE OF ACCREDITATION.)

NAME OF AFFILIATED CLINICAL FACILITIES: (Board Rule 1379.24c)

NAME OF APPROVED MEDICAL SCHOOL: (ATTACH EVIDIENCE OF AFFILIATION)

 6. NAME OF DIRECTOR OF CLINICAL EDUCATION PROGRAM: (Board Rule 1379.24g) (ENCLOSE EVIDENCE
 OF FACULTY APPT.)

DIRECTOR'S CALIF. LICENSE NO.

SUBMIT: Proposal for an educational program for the Physician's Assistant to the Primary Care Physician. It is certified that this proposed program meets the requirements of the Board (Title 16, California Administrative Code, Chapter 13, Article 15) as relates to tasks performable, general requirements, and curriculum requirements for an Assistant to the Primary Care Physician.

PLEASE NOTE: If a certificate of approval is issued, it is further certified that a report will be made to the Board when a change in Directorship occurs or when major modifications in the curriculum are anticipated. (Board Rule 1379.24m)

Executed this _____ day of _____ 19 ____.

(Name of Educational Institution)

(Type Name)

By

(Title of Person Executing)

(Signature)

FOR BOARD USE ONLY:

DATE _____

FROM: Advisory Committee on Physician's Assistant and
Nurse Practitioner Programs

TO: Board of Medical Examiners

Approval and issuance of a Certificate is/is not recommended.

(Signature of Chairman)

THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION:

- a. Evidence of certification as, or eligibility to be a member of the American Board for the particular speciality.
- b. Proposal for an educational program for the Physician's Assistant to the Specialist Physician. It is certified that this proposed program meets the requirements of the Board (Title 16, Calif. Admin. Code, Chapter 13, Article 15) as relates to the general requirements and the curriculum requirements.

PLEASE NOTE: If a certificate of approval is issued, it is further certified that a report will be made to the Board when a change in Directorship occurs or when major modifications in the curriculum are anticipated. (Board Rule 1379.41m)

Executed this _____ day of _____ 19 ____.

(Name of Educational Institution)

(Type Name)

By _____
(Title of Person Executing)

(Signature)

FOR BOARD USE ONLY:

DATE _____

FROM: Advisory Committee on Physician's Assistant and
Nurse Practitioner Programs

TO: Board of Medical Examiners

Approval and issuance of a Certificate is/is not recommended.

(Signature of Chairman)