An Illustrated History of the Physician Assistant Profession
Articles from ADVANCE FOR PHYSICIAN ASSISTANTS
2005 through 2007

Articles Prepared by the Society for the Preservation of Physician Assistant History, Alexandra, VA and the Physician Assistant History Center, Durham, NC.

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Dedicated to the preservation, study and presentation of the history of the physician assistant profession

ABOUT THE SOCIETY

The Society for the Preservation of Physician Assistant History is incorporated exclusively for charitable, educational, research and literary purposes and is a supporting organization of the American Academy of Physician Assistants, 950 N. Washington Street, Alexandria, VA 22314-1552. The Society is the preeminent leader in fostering the preservation, study and presentation of the history of the physician assistant (PA) profession by creating and presenting on-line, a virtual repository of historic and current information on the PA profession.

The independent source for peer reviewed clinical and professional information for all PAs.

ABOUT ADVANCE

Advance for Physician Assistants is published eight times a year by Merion Publications, Inc., 2900 Horizon Drive, Box 61556, King of Prussia, PA 19406-61556. Its mission is to provide practical, readable, up-to-the-minute clinical articles, practice and professional news, health coverage and profiles for today’s physician assistant.

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In January 2005, Pam Moyers Scott, PA-C, MPAS, signed an agreement with Advance for Physician Assistants to publish a one page column highlighting the activities of the Society for the Preservation of Physician Assistant History. The agreement was based on the society’s desires to educate PAs about their professional history and legacy and the publisher’s desires to provide PAs information they need to know in an engaging, reader-friendly format. At the time, Ms. Scott chaired the society’s Publications Committee. The agreed upon format was a 450 to 550 word article that used an image from the society’s digital collection to discuss the rich history of the PA profession. Reginald D. Carter, PA, PhD, the society’s executive director and historian at the time, and Ms. Scott assumed responsibility for writing, editing and securing articles and images for publication. They were assisted in their effort by the society’s archivists, Mira Waller, MLS and later Adonna Thompson, MLS who maintain the society’s papers and historic collection at the Duke University Medical Center Archives.

The first article appeared in the March 2005 issue (Vol. 13, No. 3) of Advance shows Carl Fasser and Steve Joyner, two early AAPA board members, in front of the academy’s first exhibit at a meeting of the North Carolina Medical Society in 1970. The next article (Vol. 13, No. 5, 6) describes the first annual conference on New Health Practitioners held in Wichita Falls, TX in April 1973. The third article (Vol. 13, No. 9) deals with nomenclature and the controversy surrounding the use of an “s after physician in the original title “physician’s assistant” and the later use of the term “associate” which the American Medical Association opposed. The final article (Vol. 13, No. 11, 12) issued in 2005 describes the founding of the American Registry for Physicians’ Associates which gave rise to the Association of Physician Assistant Programs (APAP). The APAP changed its name recently to the Physician Assistant Education Association (PAEA).

Seven articles were published in 2006. The first article (Vol. 14, No. 1, 2) describes the establishment of a centralized application service for physician assistants (CASPA). The second article (Vol. 14 No. 3) explores the establishment of the first national office for the Association of PA Programs (APAP) and the American Academy of Physician Assistants (AAPA) in Washington in May 1974. The third article (Vol. 14, No. 4) is a tribute to physician assistant education programs and their innovative curriculums. The fourth article (Vol. 14, No. 5, 6) describes the establishment of the AAPA’s House of Delegates in 1977 and its first meeting in 1978 in Las Vegas. The fifth article (Vol. 14 No. 7, 8) explores the development of the first national certifying examination for physician assistants by the National Board of Medical Examiners. The first examination was administered in December 1973. The sixth article (Vol. 14, No. 10) explains how PA day came about and steps taken to make it a week long celebration each year. The final article (Vol. 14, No. 11, 12) describes how graduates and students at Duke University formed the AAPA in 1968.

Another seven articles were published in 2007. The first article (Vol.15, No. 1, 2) explains how the Purser Mate program became a Marine PA training program in 1970 and how the Staten Island program changed over its 35 year history. The second article (Vol. 15, No. 3) describes the brief history of the American Academy of Physician Assistants founded by graduates of the Cincinnati Technical College Surgical Assistant Program in 1972. The third article (Vol. 13, No. 4) explores the impact of Look’s 1966 article titled “More than a Nurse, Less Than a Doctor,” on nurses acceptance of the PA concept. The fourth article (Vol. 15, No. 7, 8) highlights the AAPA’s first radio and television public service announcement released in 1979. The fifth article (Vol. 15, No. 9) discusses the AAPA’s first workshop for officers of constituent chapters held in 1976 in Kansas City. The sixth article (Vol. 15, No. 10) describes the publication of a booklet by APAP titled National Physician Assistant Program Profile 1975-76 that provided detailed information about member programs to prospective applicants. And the final article (Vol. 15, No. 11, 12) in 2007 tells how the NY Society of PAs was able to get the state to issue license plates for PAs like they did for physicians.

Eight more articles will be published in Advance in 2008 and will be added to this compilation later.

I want to personally thank everyone who has been involved in writing, editing and submitting articles for us to share with readers of Advance for Physician Assistants. Advance’s editor, Michael Gerchufsky, has been supportive and understanding as we have tried to meet deadlines and improve the column each year. Many thanks to Michael and to Merion Publications, Inc. for allowing us the privilege to share a tidbit of PA History with all who share our common goal of improving health care delivery for the majority of our citizens.

Reginald D. Carter, PA, PhD
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Illustrations

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Contributors

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What is a physician assistant?

By Pam Moyers Scott, MPAS, PA-C and Reginald D. Carter, PhD, PA

In the days of yore when the physician assistant profession was still a new concept and the American Academy of Physician Assistants was in its infancy, very few physicians understood the education and projected role of “formally” trained assistants. Established in 1968, the American Association of Physician’s Assistants (the AAPA’s original organizational title) wanted to correct this lack of knowledge by attending local, state and national meetings of medical societies and associations.

Along with aiming to increase understanding of the knowledge, skills and abilities of a PA, the effort also aimed to increase career opportunities for PAs, since physicians were PAs’ primary employers at the time. Additionally, a presence at these meetings would affirm the profession’s commitment to the practice of medicine with a physician.

The association’s first exhibit was at the 47th annual meeting of the Medical Society of the State of North Carolina, in Pinehurst, NC, from May 16-through 20, 1970. Steve Joyner, a member of the APAP board of directors, was asked to submit an application to attend the meeting as an exhibitor. Finding out in February that the application to exhibit had been accepted, Joyner sent correspondence to Dr. Robert (Bob) Howard, then director of the Duke PA Program, requesting his assistance with funding.

In the letter, Joyner wrote, “As you know, our funds are very short at present ... and we don’t know if we will be able to swing funds for accommodations and meals.”¹ In his written response, Dr. Howard agreed to provide “$16 a day for room plus $10.50 for meals,” which were the limits set by Duke University at that time.

This photograph shows Steve Joyner, and Carl Fasser, another board member, exhibiting at the convention on May 18, 1970. A clipping from Joyner’s home town newspaper states that the PAs “were available for verbal inquiries about physician’s assistants and handed out pamphlets and brochures containing information about various physician’s assistant programs.”

(Today, Fasser is the program director at the PA program at Baylor College of Medicine in Houston; Joyner is in retirement after a long and satisfying career as a PA.)

The display, which was created by volunteer AAPA members, Duke faculty and students, is simple, large and to the point. Its banner proclaims “Physician’s Assistants: A New Concept” and panels containing photographs of PAs in action on either side of the enlarged AAPA logo simply states “service” and “duty.”

The newspaper clipping concludes by informing the public that the PA profession is “not only acceptable but very desirable in the long search to obtain more personal medical attention without taking up the time of the MD.”

The exhibit at the Medical Society of the State of North Carolina was so successful that the AAPA and its constituent organizations continue the practice to this day.

What is this ticket for?
By Pam Moyers Scott, MPAS, PA-C and Reginald D. Carter, PhD, PA

This ticket was for admission to the PA banquet and reception held at the Wichita Falls Country Club in conjunction with the ‘First National Conference on New Health Practitioners,” which technically was the first American Academy of Physician Assistants (AAPA) conference.¹

The main conference was held at Shepard’s Air Force Base in Wichita Falls, Texas, from April 10 through 12, 1973. The conference was co-sponsored by the AAPA, the Association of Physician Assistant Programs (APAP) and its subsidiary organization, the American Registry of Physicians’ Associates.

The financial statement for the conference, which was attached to the AAPA executive committee meeting minutes of October 12, 1973, indicated that attendance was approximately 230 individuals. After paying expenses that included 16 invited speakers, the Conference netted $2,933, allowing the planners to repay the AAPA and the APAP $500 each for “seed money” to plan and advertise the conference to PAs, nurse practitioners, MEDEX graduates and other practitioners trained in a variety of medical and surgical specialties. Hence the title of the first conference was for “New Health Practitioners” and was an early attempt of the PA profession to be inclusive of other models of education.²

By 1994, approximately 3,700 PAs and PA students attended the 22nd annual AAPA conference in San Antonio. Attendance at the 32nd annual AAPA conference held in Las Vegas surprised everyone, including AAPA staff and leaders. A record-breaking 9,000 or so PAs and PA students attended, and the conference drew nearly 11,000 overall attendees including guests, lecturers and exhibitors. The event offered 379.5 hours of CME sessions and workshops.


What's wrong with this picture?
By Pam Moyers Scott, MPAS, PA-C

This is the program patch from the Alderson-Broadus College Physician Assistant Program for students who were enrolled in the PA program until the 1980s. In the outer ring of lettering, "physician" contains an apostrophe S.

The American Academy of Physician Assistants voted to delete the apostrophe S from the official title of the profession in 1980 because it connoted "ownership" by the physician. Interestingly, the Association of Physician Assistant Programs didn't include the apostrophe S in its title when APAP was founded in 1972.

The title of the PA profession has been a controversial subject almost since the inception of the profession. The term "physician's assistants" was first used at Duke University Hospital as a pay category in the 1960's for ex-medical corpsmen who had been hired as clinical support personnel to help physicians with their workloads. The term "assistant" was endorsed by the American Medical Association (AMA) during their House of Delegates in 1970.

The American Academy of Physician Assistants changed its official name to "physician's associates" in the spring of 1971. The change was brought on by the "growing ambiguity in the use of the term 'physician's assistant' by less-trained and less-qualified individuals." However, the name change was unacceptable to the AMA and the AAPA relinquished the "associates" designation, conceding to the AMA's wishes in order to smooth the way for the adoption of education standards by the AMA's House of Delegates and to gain professional representation on the Joint Review Committee for Physician Assistant Education that would oversee the accreditation process.

Many other titles have been suggested for the profession, including physician associate, associate physician, junior physician, junior doctor, Medex, syniatrist (Greek for syn meaning "along with" and 'iatrist' for "relating to medicine"), Osler (for the famous physician), health care practitioner and associate practitioner.

Regardless of all these suggestions, the AAPA House of Delegates last considered the name issue in 2000 and voted to continue the title of our profession as "physician assistants."

What is this group?
By Pam Moyers Scott, MPAS, PA-C and Reginald D. Carter, PhD, PA

The American Registry of Physicians’ Associates was the precursor organization to the Association of Physician Assistant Programs. It was formed in 1970 by PA educators who were concerned about the quality of the training of PA graduates from a growing variety of PA programs that were evolving at that time. ¹

Through standardized examination of students and skill-based studies of graduate PAs in practice, the educators wanted to assure the public and potential employers that graduates of registry-approved PA programs had the necessary clinical skills and knowledge to provide quality health care. Students in registry-approved PA programs could apply to the registry, pay a fee and be certified as “registered physician associates.” Once registered, they could place RPA after their signature, wear this registry pin and a patented insignia patch on their lab coats and display their registry certificate on their office walls.

Two years after the registry’s formation, its board of directors and its member programs voted to establish a new umbrella organization, APAP, to meet the need of educators while continuing the registry as a subsidiary organization.

The following year, 1973, the board of directors of the American Registry of Physicians’ Associates voted to relinquish their duties to the American Academy of Physician Assistants so that professional PAs could register practicing PAs.” That also was the year in which the first national certifying examination was administered by the National Board of Medical Examiners.

In 1975, the National Commission on Certification of Physician Assistants (NCCPA) became fully operational, and the AAPA determined that the commission replaced the role for a registry and dissolved it entirely.

At its peak, the registry had 12 member programs and 125 RPAs. Today 133 PA programs are APAP members, and 52,206 PAs are certified by the NCCPA.

APAP’s Ghost
By Pam Moyers Scott, MPAS, PA-C and Reginald D. Cater, PhD, PA

This isn’t Casper, the friendly ghost, but rather a button advertising the Association of Physician Assistant Programs’ Centralized Application Service for Physician Assistants, or CASPA.

A task force chaired by Elaine Grant, PA-C, MPH, was appointed by the APAP board of directors in 1996 to determine the feasibility of establishing a central application service for PA programs. A survey conducted in 1997 showed that 58% of responding programs would participate if such a venture were available.

Based on these findings, the task force was asked to develop a request for proposal to send to various vendors who might be interested in providing the service.1 The American Association of Colleges of Osteopathic Medicine was selected to work with the task force to establish the online service to applicants. After being beta tested, CASPA became operational in 2001.

CASPA is referred to as the “friendly service” for students, because they can make applications to numerous participating PA programs without completing a separate application for each program. It is also a single source for students to see the prerequisites of each program, whether a supplemental application is required, what standardized testing the programs require (if any) and what the application deadline is.

It is also a “friendly service” for PA programs because it saves them tremendous time and effort, not only to collect the potential students’ application information, but also in verifying and recording available standardized test scores, transcripts and references available on each student. This is all accomplished before the applications are forwarded to the PA programs selected by the applicant for admission.

If all programs were to participate, CASPA would be a “friendly service” for PA and other researchers interested in applicant trends. It would provide demographic, academic and experiential data to the PA community, much like the American Medical College’s Application Service (AMCAS) does for physicians. Ninety-six of the 134 programs now participate. This is up significantly from the first year of operation in 2001, when there was approximately a 50% participation rate.

What is this building?
By Pam Moyers Scott, MPAS, PA-C

Suite 210 of the Gelman Building, located at 2120 L. Street, in Washington, was the first permanent location for the combined offices of the Association of Physician Assistant Programs (APAP) and the American Academy of Physicians’ Assistants (the organization’s name at the time contained an apostrophe and an S).

The office opened on May 24, 1974, with three full-time staff members: executive director Don Fisher, PhD, executive assistant Marti Wilson and administrative assistant, Ruth A. Hoeper. Denny Radefield, who worked for George Washington University, was hired as a part-time controller and played an important role in helping secure space for the national office. Mary Hunton was employed as a temporary receptionist and typist.1

Drs. Alfred Sadler and Thomas Pimmme, president and president-elect of APAP, were instrumental in securing funds to establish the national office. The Robert Wood Johnson Foundation, the van Ameriugen Foundation and the Ittleson Family Foundation contributed a total of $195,000. As an IRS designated 501 (c) (3) nonprofit organization, the APAP was eligible for foundation funding. The AAPA could not administer the funding jointly as first intended, since the IRS had denied its eligibility as a 501 (c) (3) organization.2

A combined APAP and AAPA executive director search team recommended Dr. Fisher from the University of Mississippi for the joint position. He was offered the position in November and moved to Washington in the spring to establish the office. The George Washington University provided temporary office space in the ambulatory care center located at 2150 Pennsylvania Avenue until new space became available in the Gelman Building.

Dr. Fisher said in 1974, “We opened the doors to begin the unbelievable task of centralization and organization that will serve the best interest of all concerned with the physicians’ assistant concept.”1 The priorities undertaken by the two organizations at that time included legislative activities, establishing a National Employment Listing Service, conducting research on graduate and student PAs and compiling a centralized resource center and library within the facility.2

In 1976, APAP received an additional grant from the Robert Wood Johnson Foundation to underwrite salaries and associated cost for maintaining the combined APAP/AAPA national office for three years. These funds also enabled the national office staff to establish a research center to collect demographic and clinical profile data on PAs. The first survey revealed that 83% of the nearly 5,000 PAs at that time were in primary care settings.3

After two years in the Gelman Building, the combined offices moved to 2341 Jefferson Davis Highway in Arlington, VA and remained there until 1982, when they moved to 1117 19th St. in Arlington. There they remained until the AAPA completed construction on its current building in 1987 located at 950 N. Washington St., Alexandria, VA.

PA and non-PA educators are proud to be part of the PA profession. In the formative years, PA educators were drawn from a variety of professions including medicine, nursing, allied health, social work and the basic medical sciences. According to the first annual report of PA programs released in 1985, less than one-half of the programs’ personnel were PAs, who at that time primarily were associated with the clinical component of the curriculum.1

Today most program personnel are PAs, with 86% of all program directors being PAs.2 The high professional retention rate and job satisfaction of PAs attest to PA program educators’ abilities to select and educate highly qualified individuals.

As PA programs began reaching significant milestones in their development, such as their 20th or 25th anniversaries, they wanted to let others know of their achievements and their pride in the role they played in the PA profession’s development. As the PA profession continued to grow and prosper, many PA programs began producing buttons and other memorabilia commemorating the anniversary of the opening of their program or their first graduates.

Some schools created very professional, serious items, whereas others, such as the Wake Forest University School of Medicine PA Program created humorous ones (like the one pictured here). The cartoon professor depicted on this button was featured in a series of self-instructional texts titled Introduction to Medical Sciences for Clinical Practice, created by the Wake Forest PA Program faculty under the direction of Dr. Katherine Anderson and published by Yearbook Medical Publishers in 1976.

This “button” was created in 1988 to mark the 20th anniversary of the opening of the PA program. Notice that the button says “Bowman Gray School of Medicine Wake Forest University.” When the Wake Forest Medical School was expanded to a four-year institution and moved from Wake County, NC, to Winston-Salem, NC, it was renamed the Bowman Gray School of Medicine to recognize the memory of the benefactor who made the expansion possible. In 1997, the Bowman Gray School of Medicine was renamed Wake Forest University School of Medicine, located on the Bowman Gray Campus.


Can this be the AAPA HOD?
By Pam Moyers Scott, MPAS, PA-C

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

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

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

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

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

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

This sixth annual conference had 1,940 PAs in attendance, offered 13 hours of CME, and hosted 72 exhibitors. The speaker of the house was William Hughes; Dan Fox was president for the 1977-78 leadership year.

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

They were looking for some measure of assurance that those practicing in this new profession had achieved a minimum degree of proficiency in the delivery of primary healthcare. For physicians, this was satisfied by passing a series of tests produced and administered by an independent agency, the National Board of Medical Examiners (NBME). Since the responsibilities and credentialing of PAs were closely related to those of their supervising physician, the NBME seemed the most appropriate agency to provide testing for PAs, as well. Acting on the advice of their Goals and Priorities Committee, the NBME board agreed to develop a national certifying examination for assistants to the primary care physician in April 1972. The examination was readied and administered on Wednesday, December 12, 1973, simultaneously.

Initially, each member of the group was asked to evaluate a 33-page task inventory and mark each task as one that a primary care PA should: (1) definitely, (2) probably, (3) probably not or (4) definitely not be expected to perform. The arithmetic means of each judgment was computed then used to create a task inventory of over 500 functions that the primary care PA should definitely be able to perform. Given the size of the list and realizing that it was more important to be proficient at certain task than others, the group performed a priority study to establish the relative importance of each listed function based on how frequent the PA might provide the service and the “criticalness” of the service. The functions with the highest rankings were then used by three newly established test-writing committees to develop questions for the examination. The test items were organized and designed to evaluate the PA’s cognitive, problem-solving, interpersonal, and psychomotor (performance) skills.

The examination was readied and administered on Wednesday, December 12, 1973, simultaneously...
at 66 sites in 40 states for a fee of $55. According to the brochure announcing the test, it was “designed to assess the competence of the assistant to the primary care physician in carrying out a variety of health care functions.” It consisted of a morning session of multiple-choice questions “designed to assess the candidate’s knowledge and skill in applying knowledge related to clinical material presented in printed and pictorial form.” The afternoon consisted of a “programmed testing technique involving simulated clinical cases in adult and pediatric medicine designed to assess the candidate’s skill in gathering pertinent information about patients and making appropriate management decisions.” Examinees were told that their results would be available the later part of February 1974. Barbara Andrew, who oversaw the development and evaluation of the examination for the NBME, reported that 880 candidates – who were either a physician assistants, a Medex or a nurse practitioners – took the examination, and the examination proved to be reliable statistically. The failure rate on the 1973 examination was 12.5% (110 examinees).


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

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

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

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

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

The Society for the Preservation of Physician History’s Board of Directors, staff, and leaders would like to wish each and every one of you a very happy PA Week!
Who played by these rules?
By Reginald D. Carter, PhD, PA, Pam Moyers Scott, MPAS, PA-C, and Adonna K. Thompson, MLS

This is not just an ordinary copy of Robert’s Rules of Order Revised, Seventy-fifth Anniversary Edition. According to William Vogler, who was one of the founders and the first vice president of the American Association of Physician’s Assistants (now the Academy without the ‘s), this book was purchased by his wife Joan so that he “could manage the AAPA meetings with some decorum.” So, this book was used at the first AAPA meeting.1

The American Association of Physician’s Assistants was formed at Duke University in April 1968 by students and the first three graduates, Victor Germino, Kenneth Ferrell and Richard Scheele. The first organizational discussions were held in the Baker House, adjacent to the Duke University Hospital. It was here that the first students took their classes in the Department of Medicine.

The first formal meeting was held a few weeks later in a trailer located behind the Bell Building, the first research facility built by the medical school. The classroom trailer was purchased specifically to educate PA students.

The AAPA was incorporated in July 1968 with the guidance of the acting medical advisors, Drs. E. Harvey Estes, Jr., D. Robert Howard and Edward H. Forgotson.2 Bill Stanhope served as the organization’s first president. The initial registered agent for the newly formed corporation was Richard Scheele.2 According to Bill Stanhope, “Dr. Estes had to lend us the $50 incorporation fee to get started.”3

Henry M. Robert was an officer and engineer in the regular Army. His experience leading church meetings lead him to write and publish his own set of “rules” in February 1876. This 75th anniversary (6th) edition was printed in 1951. It was 1970 before another edition was printed.4 Interesting, the first set of by-laws does not mention Robert’s as the parliamentary authority to be used at AAPA meetings, and it is Sturgis’s The Standard Code of Parliamentary Procedure that is used today by the AAPA.

3. Stanhope, W. Personal communication, February 27, 2002.
Purser Mates to Marine PAs?
By Reginald D. Carter, PhD

This bulletin whose cover appears here was published in 1970 and describes the newly established Purser-Marine Physician Assistant Program based in the U.S. Public Health Service Hospital in Staten Island, NY.1 The bulletin features the logo of the program and photographs of students in training and at graduation.

In 1966, the U.S. Coast Guard began certifying graduates of the Staff Officers’ Association Purser Mate Training Program as Pharmacist Mates, a term used during World War II. The designation of the graduates was changed in 1970, to Marine Physician Assistant.

The architect behind establishing the purser mate program in 1966 and its evolution to a Marine Physician Assistant Program was Burt E. Lanpher, secretary-treasurer of the Staff Officers’ Association of America, AFL-CIO, ship pursers union. He served in the Navy during the World War II as a hospital corpsman in the Pacific and as a purser in the Merchant Marine fleet after the war.

Lanpher was acutely aware of the need for better medical care for the 40,000 seamen who served on over 1,000 vessels at that time. Applicants to the program had to have high school diplomas and experience as military corpsmen. The program took 12 months to complete and awarded a certificate to graduates. Lanpher helped graduates of the program establish the National Association of Physician Assistants (NAPA), one of four organizations that represented PAs in the early days.

Since graduates of the marine PA program were affiliated with the AFL-CIO, there was some reluctance on part of the American Academy of Physician Assistants to become too involved with this organization. American Medicine was not generally in favor of unions at that time.

Lanpher died of cancer at the age of 62 in 1983.

In 1981, the US Public Health Service ceased operation of its hospital and PA program. The hospital became known as the Bayley Seton Hospital and the program was renamed accordingly. In 2000, the program changed its name once again to the St. Vincent’s Catholic Medical Center PA program. Five years later, in July 2005, the program closed its doors after producing 1,000 PAs over a span of 35 years.2

Although no longer in operation, the program’s impact will be felt for many years to come, and its place in the history of our profession is assured.

The American College of Physician Assistants?

By Reginald D. Carter, PhD

This is the logo of the American College of Physicians Assistants, which was founded by graduates of the Cincinnati Technical College Surgical Assistant Program in 1972.

The organization had begun the previous year as the Midwest Association of Physician Assistants. In letters written in May and June 1972 to D. Robert Howard, M.D., director of the Duke University PA Program, the ACPA president, Gregory Gilreath, describes the reason that the organization was formed, requirements for membership and future plans.1

Apparently oblivious to the American Academy of Physician Assistants founded in 1968 by Duke University graduates and students, Gilbreath notes that through a mailing campaign they had found a need for a national rather than a regional one to represent all PAs; thus the reason for the name change.

The ACPA had established an advisory board of prominent physicians and a national office with an executive secretary in Cincinnati. Their representatives planned to meet with officials of the American Medical Association in mid-1972 to represent the interest of PAs. The college planned a major summer drive to recruit new members and would be visiting PA programs accordingly.

Gilreath concluded his letter by saying that “during the next few weeks our association will be the driving force towards perpetual improvement of our profession.”

But the AAPA, not the ACPA, eventually became the driving force and spokesperson for all PAs nationally. What happened?

There was talk of merger between the two organizations in the early 1970’s.2 However, the AAPA had an advantage in growing membership. It was closely aligned with the Association of Physician Assistant Programs (APAP) founded in 1972. With the adoption of accreditation standards by the AMA’s House of Delegates in December 1972 and the funding of PA educational programs by the Federal Government the same year, the emphasis for training PAs shifted to primary care. The numbers of primary care PA programs grew rapidly from 12 to 54 and most of these programs opted to be members of the APAP. Once MEDEX programs joined the APAP and their students and graduates joined the AAPA, the fate of the ACPA was sealed.

No merger; the 130 members of the college, mostly specialist PAs, were welcomed into the academy in August 1973 and the American College of Physician Assistants ceased operating as a professional organization.3


2. Duke University Medical Center Archives; Clara Vanderbilt Papers, Box 1, Board of Directors Meeting, June 30, 1973; Summary of the meeting with Mr. Gregory Gilreath, President, ACPA and Representatives of the AAPA, Oklahoma City, OK, August 28, 1972.

The article ended by saying, "The program aims not to create quickie doctors but to ease the manpower shortage with assistants possessing technical skill plus a basic medical understanding."

As an introduction to the PA concept, the article is well written and rational. But the article’s headline caused an uproar among the nursing professional leaders. According to Dr. E. Harvey Estes, Jr., who assumed responsibility for the PA Program in 1967, "This title inflamed nurses countrywide and Duke was the focus of their condemnation of the program. There was a very active campaign by nurses to discredit the program and stop it in its tracks. There were no problems within the Duke Medical Center with PAs being resisted by nurses on the floor or anything similar to this."  

Dr. Esteds points out that later, as the number of PA graduates increased and as efforts intensified to enact state PA enabling legislation, many state nursing associations actively opposed the legislation and resisted taking orders from PAs. The article’s headline undid the faculty’s early efforts to introduce nurses to the role of PAs and to see them as beneficial and not as a threat.

Thus the article is credited both as one of the first nationwide public education campaigns for the PA profession, and as the source of some of the early friction that arose between physician assistants and nurses.

2. E. Harvey Estes, Jr. (1990) Oral History Interview. Duke University Medical Center Archives, Durham, NC.
The AAPA goes public
By Reginald D. Carter, PhD, PA and Adonna K. Thompson, MLS

On April 26, 1979, the American Academy of Physician Assistants (AAPA) mailed its first radio and television public service announcement (PSA) to 1,000 radio and 200 TV stations in the top broadcast market at that time. The announcement was produced for the Academy with a major gift from Stuart Pharmaceuticals.

A brochure (whose cover is seen here) about the PSA was mailed to the Academy’s constituent chapter presidents in May 1979, along with list of radio and TV stations who were sent the 30-second spot. The presidents were asked to monitor their local stations to determine if and how many times the spot was aired.1

The AAPA estimated as many as 100 million people could be introduced to the physician assistant profession via the PSA. The brochure highlighted the “storyboard” which encouraged families not to wait until sickness strikes, but to have regular check-ups before illness occurs. The PSA points out that PAs, working with doctors, are readily available to “examine you and provide you with instructions that can help you remain healthy.” There is a close up scene of an identification badge that reads, “Ron Hunter, PA-C, Physician Assistant.”

PAs attending the Seventh Annual Conference in Hollywood, Fla, that year, from April 22-26, had a chance to view the 30-second PSA. The five day conference at the Diplomat Hotel was the largest in the 11-year old Academy’s history with 1,950 registered graduates and students attending. The conference is also noted as being one of the wettest, with more than 16 inches of rain falling within two days.

The first workshop for officers of constituent chapters was held November 4-5, 1976 in Kansas City, MO as a joint effort of the American Academy of Physician Assistants (the AAPA’s proper name at the time) and the American Academy of Family Physicians (AAFP).1

At that time, 33 constituent chapters had been chartered by the Academy. William J. Myers, the AAFP’s Director of Membership Services, was in charge of the program, and he worked closely with AAPA president Roger Whittaker, PA-C, to plan the agenda for the meeting.2 Because of its success, the AAPA decided to make the Constituent Chapter Officers Workshop (CCOW) an annual event and to hold the workshop in Washington. Dan Fox, PA-C, AAPA president in 1977, said at the time, “The nation’s capitol is the city of choice since it will afford chapter leaders the opportunity to schedule individual meetings with their Congressional representatives.”3

This 1977 photograph shows Whittaker, then the immediate past president, and AAPA executive assistant Martha L. Wilson leaving the White House following a special VIP tour arranged for the chapter officers during the second CCOW held October 20-22, 1977. (It should be noted that some refer to this meeting as the first CCOW meeting rather than the second, since it was held in Washington).

Peter Frishauf, then the editor-in-chief of Health Practitioner, write “Little issues, big issues, and in-between sized issues were all covered at the workshop. In addition, by visiting individual congressmen and senators, the PAs were actually given a chance to become part of the legislative process.” He continued, “The workshop was living proof of the Academy’s commitment to strengthen its local chapters. The meeting was the first attempt to bring together officers from every AAPA constituent chapter, to educate the leadership, and to coordinate the Academy’s national political strategy.”4

In 2002, AAPA replaced CCOW with a new program, the Constituent Organization Resource Exchange (CORE) which is designed to enhance the leadership and management skill of constituent officers. The AAPA provides an opportunity for leaders to meet their congressional representatives through another program titled “Adventures in Lobbying” held at a separate time during the year.

Profiling PA Programs
By Reginald D. Carter, PhD, PA and Adonna K. Thompson, MLS

Pictured here is the first issue of the Association of Physician Assistant Program’s (APAP) booklet titled National Physician Assistant Program Profile 1975-76 that provides detailed information about member programs.1

The booklet sold for $3 per copy and was marketed to prospective PA students to help them understand admission requirements. It also provided program directors with a means of comparing their program with others and putting their best foot forward to attract potential students.

At the time of its publication, 44 programs were listed, categorized by states in which they resided. To be featured in the booklet, a program had to be a member of the Association of Physician Assistant Programs (the APAP’s official title at the time) and be accredited by the Council on Medical Education of the America Medical Association. Of the 44 programs listed, 28 exist today as accredited programs while 16 have ceased operations, merged with other programs or changed institutional affiliations.

The cover illustration depicts a doctor and physician assistant jointly examining a pediatric patient. While the artist is not named in the booklet, if one looks upside down at the sleeve of the physician, it appears that there is a signature on the cuff of the suit, followed by “PA.”

The Profile contains chapters on planning for the PA profession, admission procedures, financial information, the nature of PA education, national certification of PAs, legal aspects and accreditation. A table provides the reader a quick overview of programs at a glance, followed by a chapter that details each program. Programs were given two-pages to provide information using the following subheadings: length of the program, curriculum, institutional affiliations, entrance and selection factors, credentials awarded, financial aid and first-year class estimated expenses for 1975-76.

There was an estimated 1,400 PA graduates at the time. Based on data reported in 1974, annual tuition and fees averaged $1,371 for state residents and $1,887 for nonresidents. The booklet notes that the “National Executive Office of the Association of Physician Assistant Programs receives substantial operating funds from the Robert Wood Johnson Foundation, the van Ameringen Foundation, and the Ittleson Family Foundation. When APAP copyrighted the booklet in 1974, Robert E. Jewett, MD, of Emory University School of Medicine, was APAP’s president and Donald W. Fisher, Ph.D. was the association’s executive director.

PA in the Driver’s Seat
By Reginald D. Carter, PhD, PA and Adonna K. Thompson, MLS

Pictured here is a NY license plate (with a NY State Society of Physician Assistants frame) issued in 1983 to Dave Mittman, PA.¹

That year, under the leadership of then-president Frank Rodino, PA, NYSSPA successfully persuaded New York to recognize PAs with their own official license plates, as the state had done for medical doctors for years. The tags featured the initials RPA, for registered physician assistant, vertically on the left side of the plate, along with a number issued consecutively as each PA applied. Rodino received RPA-1, and Mittman was issued RPA-4. Mittman says that it was quite an achievement at the time to get the tags approved and that they were an explicit sign that PAs in New York were recognized as a profession.²

Mittman, who at the time was employed in the Department of Family Medicine at the Flatbush Medical Group in Brooklyn and was an APAP director-at-large and NYSSPA past-president, says that in addition to introducing the PA concept to motorists and the general public, the plates allowed many PAs to park in emergency/on call hospital lots and have their cars identified. The plates also made it easy to identify the vehicles of PAs while they made house calls and provided emergency services.

PAs in the state still can order the RPA license plate by completing a form and sending it to the Department of Motor Vehicles with a copy of their current registration certificate issued by New York State Education Department. (View the form at http://www.nysdmv.state.ny.us/forms/mv410.pdf. Note that it refers to “registered physician’s assistants.”)

You might wonder why RPA is used on the tags, and not the more familiar PA-C. New York began registering physician assistants in 1972 before a national system was even in place to certify PAs. The term “registered” has endured, even though the NCCPA PANCE is designated as the official credentialing examination for the purposes of PA registration in New York. The designation RPA-C is issued only to PAs who have successfully completed the PANCE and who possess a valid certification. PAs in New York now are licensed but interestingly, the official title for PAs there still is RPA.
