BY THOMAS E. PIEMME, MD, AND ALFRED M. SADLER JR., MD

Physician Assistant

A Respected and Unique Brand

WE HAVE FOLLOWED THE RECENT DISCUSSION regarding the possible name change from "physician assistant" to "physician associate," including the debate between Robert Blumm and James Cawley in the June/July 2011 issue of *PA Professional*. However popular the myth, it is not true that PAs were originally termed "associates." The program established in 1965 by Eugene Stead at Duke was called the Physician's Assistant Program; graduates were awarded certificates as physician's assistants. The program enjoyed enormous success. In April 1968, graduates and students at Duke formed the American Association of Physician's Assistants.

The term physician's assistant originated in a 1960 address by Charles Hudson to the House of Delegates of the American Medical Association. It was later published in the Journal of the American Medical Association in 1961. The experiment at Duke University proved so popular that within a short period of time scores of programs arose around the country, purporting to train assistants to physicians. They varied in length from several weeks to four years. A few were developed to emulate the program at Duke. Many were designed to provide enhanced training for nurses and ex-military corpsmen. Even more taught a variety of skills that enabled their graduates to capitalize on the popular concept in very narrow ways. By 1969, the federal government was able to identify more than 200 programs training assistants to physicians. Confusion reigned.

In 1979, the Board on Medicine of the National Academy of Sciences proposed a classification to sort this out: "Type A" assistants were substantively trained in depth and breadth in diagnosis and therapy, sufficiently capable of integrating findings with medical knowledge to be able to exercise a degree of independent judgment. "Type B" assistants were intensively trained in a narrow clinical area to develop special skills, enabling the assistant to perform with a degree of competence not possessed by physicians who were not involved with that specialty. "Type C" assistants were trained to perform a variety of tasks over a wide spectrum of clinical care, without the medical knowledge that would enable independent judgment.

In November 1970 at the Third Annual Duke Conference, Robert Howard, director of the Duke PA program, together with colleagues from Bowman Gray and the University of Texas Medical Branch at Galveston, formed the American Registry of Physician's Associates to provide a mechanism for identifying trained physician assistants. The term "associate" was used in order to differentiate the Type A assistant from the other categories, since only Duke-model graduates were to be included. At virtually the same time, Duke University changed the name of its program to the Physician Associate Program. Six other programs followed suit.

In April 1971, AAPA leaders produced the first issue of a new journal, Physician's Associate, and began calling themselves the Ameri-

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The blowback from the medical profession was rapid and explicit. The AMA Board of Trustees issued a statement that was adopted overwhelmingly by the House of Delegates:

> The Board of Trustees and its Council on Health Manpower are concerned with the growing use of the term "physician's associate," as opposed to the term "physician's assistant" to describe new health occupations, in view of the fact that this former term is commonly used at present to designate another physician.
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> Accordingly, the Council and the Board of Trustees recommend that the term "physician's associate" be used only to denote another physician.

Medical specialty societies followed suit.

The most ardent defender of the term "associate" was Dr. Howard. Writing in Physician's Associate, he faulted the AMA for failing to respond to a request for educational guidelines that would have distinguished the Type A programs. He claimed the "request fell on deaf ears." Actually, the AMA was, at the time, very much engaged with

four specialty societies in writing what was to become the "Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician," adopted by the House of Delegates in December 1971.

By mid-1972, an accreditation process was well under way. At the same time, the National Board of Medical Examiners had announced its intent to develop an examination for certification of the assistant to the primary care physician. Both accreditation and certification were to go beyond the original definition of the Type A physician assistant, by recognizing MEDEX programs and their graduates, and nurse practitioner programs and graduates that met equivalent criteria. At the fourth (and last) annual Duke Conference on Physician's Assistants in the fall of 1972, the programs that were part of the "Registry," together with new programs, formed the Association of Physician Assistant Programs. Writing in the AAPA journal, APAP's first president, Alfred Sadler, defined the scope of the term "physician assistant": "This is a generic term. It is meant to include programs such as physician assistant, physician associate, MEDEX, child health associate and nurse practitioner."

The framework for the profession was now in place. More work had yet to be accomplished, but it was clear that PAs were to graduate from accredited physician assistant programs, and to be certified (later, licensed) as physician assistants.

Accepting the inevitable at its annual meeting in February 1973, AAPA once again amended its founding documents to become the American Academy of Physician's Assistants. At the same time, it disengaged from any dependence on the "Registry," abandoned its exclusivity, and invited graduates of MEDEX programs into membership. The use of the term "associate" had lasted less than two years. (A very few programs continue to identify graduates as "associates.")

It is not our place, or intent, to advise AAPA what to do. We concur with Jim Cawley's observations this past summer. The cost of the name change in 1971 was trivial. (Some stationery had to be reprinted.) None of the new federally funded programs in 1972 adopted the term "associate." The Joint Review Committee of the AMA ignored it, as did the National Board of Medical Examiners and the state legislatures. Although some may prefer "associate," the cost of a name change now—40 years later—would be prohibitive.

More important, the factors that motivated the change in 1971 no longer exist. "Physician assistant" has become a virtually exclusive and well-recognized brand within the health professions and among the public. It is universally licensed in all jurisdictions. In our view there is nothing remotely demeaning in the name. Let's all continue to embrace it proudly. **PA**

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