American College of Physicians
Statement on Primary Care*

The American College of Physicians fully recognizes and endorses the concept that a
genuine national need exists for increased numbers of physicians trained and prepared to
provide primary care. It supports fully a policy statement in a report of the Coordinating
Council on Medical Education (1) urging the training of 50% of future medical graduates for
this type of medical practice.

The present-day internists devote a major share of their time to primary care and are a
significant force in meeting the current demands for this type of medical practitioner. They
often combine this particular type of professional effort with the offering of specialty
professional competence in a wide variety of medical subspecialties. This dual role of the
internist has been of critical importance in meeting our current national health needs and
should be continued. New and vigorous programs are essential in order to develop internists
having a special and enhanced capability in providing effective primary care.

The American College of Physicians supports statements by the American Board of
Internal Medicine, the Association of Professors of Medicine, and the Residency Review
Committee in Internal Medicine aimed at the development of increased numbers of
physicians of this type through training in the field of internal medicine.

In the future, increased numbers of physicians skilled in the delivery of primary care will
depend essentially on training programs in internal medicine and pediatrics as well as in
family practice.

*Policy Statement adopted by the American College of Physicians Board of Regents in San

(1) "Physician Manpower and Distribution: The Primary Care Physician," a Report of the

The American College of Physicians
Delineating Hospital Privileges by the Medical Staff

The Board of Regents previously adopted guide-
lines for hospital medical staffs to use in delineat-
ing privileges for staff members. It was recom-
manded that every hospital medical staff should
have its own method for delineating privileges. Any
method used should determine:

a. Initial evaluation of each staff member's
   training and experience.

b. The general type of privilege accorded to
each physician.

c. The proper use of consultations.

d. Specific procedures which may be per-
   formed by each physician.

e. A method of review for annual delineation
   of privileges.

The Board of Regents of the American College
of Physicians now recommends several possible
methods of delineating privileges. A hospital medi-