Is that “resident” or “attending” a doctor? Not always, AMA warns

JUN 19, 2023

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Terms such as “resident,” “fellow” and “attending” represent a historical role for physicians within the world of medicine. But in recent years, physician assistant and nursing programs have begun using similar terminology, which may perplex patients.

“There is potential confusion for the public in the use of terms describing the training program and level of training that health care professionals enroll in or complete,” said a report whose recommendations were adopted by the House of Delegates at last year’s AMA Annual Meeting.

“A standardization and understanding of terms for physicians and nonphysicians will be beneficial to the public and health care professionals,” said the report (PDF) from the AMA Council on Medical Education.

To help clarify matters, the AMA has engaged with academic institutions across the nation that develop educational programs for training of nonphysicians in health care careers, and their associated professional organizations, to create alternative, clarifying nomenclature in place of “resident,” “residency,” “fellow,” “fellowship” and “attending” and other related terms to reduce confusion among the public.

Since the House of Delegates’ action, AMA Chief Academic Officer Sanjay Desai, MD, has raised the concern about the confusing terminology with professional organizations representing:

- Certified professional midwives.
- Clinical nurse specialists.
- Nurse anesthetists.
- Nurse practitioners.
- Physician assistants.

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Fighting scope creep is a critical component of the AMA Recovery Plan for America’s Physicians.

Patients deserve care led by physicians—the most highly educated, trained and skilled health professionals. The AMA vigorously defends the practice of medicine against scope-of-practice expansions that threaten patient safety.

Truth in advertising

In another step aimed at addressing the concern about confusing terminology, the AMA has updated its model truth-in-advertising bill to require that health professionals clearly communicate their license to patients orally and in writing. The AMA also is continuing to work with state medical associations to pass strong truth-in-advertising laws.

Learn more about AMA Truth in Advertising Campaign, which is based on the premise that patients deserve to have information about health professionals’ level of training, education and licensing in face-to-face encounters as well as in advertising, marketing and other communication materials.

The AMA’s survey research (PDF) has found that 88% of patients agree that only licensed medical doctors (MDs) or doctors of osteopathic medicine (DOs) should be able to use the title “physician.”

The AMA also continues to study the differences in the education and training of physicians and nonphysicians and includes these findings in our advocacy tools and resources.

For example, physicians complete four years of medical school, plus three to seven years of residency, including 12,000–16,000 hours of clinical training. Nurse practitioners, by contrast, complete only two to three years of graduate level education, have no residency requirement, and complete just 500–750 hours of clinical training.

Physician assistants, meanwhile, complete two to two and half years of graduate level education with only 2,000 hours of clinical care and no residency requirement.

Find out in detail why education matters to medical scope of practice, with information on:

- Nurse practitioners compared with physicians.
- Physician assistants compared with physicians.
- Nurse anesthetists compared with anesthesiologists.
- Psychologists compared with psychiatrists.
- Naturopaths compared with physicians.


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Visit AMA Advocacy in Action to find out what’s at stake in fighting scope creep and other advocacy priorities the AMA is actively working on.

**Nonphysicians’ impact on medical education**

In another action based on a separate, 2022 AMA Council on Medical Education report (PDF), the House of Delegates moved to clarify the role that nonphysicians have in the leadership of organizations involving physician accreditation, certification and credentialing.

“The AMA believes that all qualified health care professionals play an integral role in the delivery—of health care in this country—a role that should be clearly defined by one’s education and training,” said the AMA Council on Medical Education report that was adopted.

“To promote transparency, interprofessional students and trainees may benefit from training on the differences that exist among them in the amount and depth of training as well as supervision and testing of that training,” the council report added. “Nonphysician roles and seats on a board that provides oversight to physicians should be clearly defined and transparent and these boards should not take actions that inhibit in any way the education, training or practice of physicians.”

In an effort to increase the transparency, the delegates modified existing policy to support:

- The concept that interprofessional education include a mechanism by which members of interdisciplinary teams learn about, with, and from each other; and that this education include learning about differences in the depth and breadth of their educational backgrounds, experiences and knowledge and the impact these differences may have on patient care.
- A clear mechanism for medical school and appropriate institutional leaders to intervene when undergraduate and graduate medical education is being adversely impacted by undergraduate, graduate, and postgraduate clinical training programs of non-physicians.

Explore the AMA’s key tools and resources on scope of practice.


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