Whereas, A survey in 2017 published in Worldviews Evidence Based Nursing revealed that a majority of the 2,300 nurse respondents did not feel competent in evidence-based practice; and

Whereas, Physicians that speak out about the differences in training received by physicians vs. by mid-level providers are being fired, labeled “disrespectful” or labeled “not team players” in the interdisciplinary team treating patients; and

Whereas, More non-physician post-graduate training programs are being formed across the nation; there is still no mandatory requirement for non-physicians to pursue post-graduate training; and

Whereas, Physicians are expected to continue to maintain certification by proving they continue to educate themselves; mid-level providers are not held to the same standard; and

Whereas, Currently mid-levels providers can switch between specialties and subspecialties of medicine and surgery without any formal or regulated training or education; and

Whereas, Physicians are limited in their practice abilities by the post-graduate training they receive; therefore be it

RESOLVED, That our American Medical Association study, using surveys among other tools that protect identities, how commonly bias against physician-led healthcare is experienced within undergraduate medical education and graduate medical education, interprofessional learning and team building work and publish these findings in peer-reviewed journals (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to ensure all physician undergraduate and graduate training programs recognize and teach physicians that they are the leaders of the healthcare team and are adequately equipped to diagnose and treat patients independently only because of the intensive, regulated, and standardized education they receive (Directive to Take Action); and be it further

RESOLVED, That our AMA study the harms and benefits of establishing mandatory postgraduate clinical training for nurse practitioners and physician assistants prior to working within a specialty or subspecialty field (Directive to Take Action); and be it further

RESOLVED, That our AMA study the harms and benefits of establishing national requirements for structured and regulated continued education for nurse practitioners and physician assistants in order to maintain licensure to practice. (Directive to Take Action)
Fiscal Note: Estimated cost of $50,000 to implement resolution.

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References: