WHEREAS, Advanced Practice Providers (APP) such as nurse practitioners and physicians assistants, have established scope of practice directly determined by the specialty of their supervisory physician and their practice site; and

WHEREAS, APPs, in collaboration with their supervisory physicians, provide care commensurate with the specialty training and board certification of the physician; and

WHEREAS, Currently APPs do not have any established standard for a residency or apprenticeship requirement or specialization process after graduation that aligns them with the specialty training of their supervisory physicians; and

WHEREAS, This absence of specialty designation for APPs creates the following harms to the practice of medicine and the quality of care for our patients:

1. APPs can completely change their profession specialty focus overnight, creating major training requirements and costs for the practice team that hires them;
2. Lower income physician specialties like primary care are disproportionately impacted by the frequent departure of APPs for higher income specialties;
3. Costly training periods for APPs can take a minimum of one year, for example, for primary care based specialties;
4. The current “non-specialty designated” APP system creates a financially exploitative system whereby specialties with higher physician salaries unfairly lure away APPs from the practices of lower salaried physicians, making those practices unable to compete with salaries offered by disparately higher income specialties;
5. Primary care practices, for example, are left with untenable training cost losses and exponentially high turnover in an already volatile and predatory market;

; and

WHEREAS, If residency and specialty training makes sense for physicians, some type of established apprenticeship training program within established specialties must also make sense for APPs; and

WHEREAS, Current severe healthcare workforce shortages in the setting of an inflationary economy and reduced physician payments for our services makes an alignment of APP salary and specialty competition particularly critical; therefore be it

RESOLVED, That our American Medical Association create a national task force that will make recommendations for the best process for advanced practice providers (APPs) to develop
specialty designations or an associated apprenticeship process that is parallel to the specialties of the physicians that supervise them (Directive to Take Action); and be it further

RESOLVED, That our AMA work with appropriate stakeholders to ensure that newly created specialty designations for APPs developed by the AMA task force, after an appropriate transition period, become an established practice expectation for APP collaboration with their supervisory physicians of the same or similar specialty (Directive to Take Action).

Fiscal Note: TBD

Received: 4/20/2023
RELEVANT AMA POLICY

Scopes of Practice of Physician Extenders H-35.973

Our AMA supports the formulation of clearer definitions of the scope of practice of physician extenders to include direct appropriate physician supervision and recommended guidelines for physician supervision to ensure quality patient care.

Citation: Res. 213, A-02; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: BOT Rep. 7, A-21

Physician Extenders H-310.913

1. In academic environments, our AMA will only support payment models for non-physician practitioners that do not interfere with graduate medical training.

2. Our AMA supports the concept that procedural training is a critical portion of resident education and the augmentation of patient care by non-physician practitioners should not interfere with a resident's ability to achieve competence in the performance of required procedures.

Citation: Res. 208, I-10; Appended: CME Rep. 8, A-13

Principles Guiding AMA Policy Regarding Supervision of Medical Care Delivered by Advanced Practice Nurses in Integrated Practice H-360.987

Our AMA endorses the following principles: (1) Physicians must retain authority for patient care in any team care arrangement, e.g., integrated practice, to assure patient safety and quality of care.

(2) Medical societies should work with legislatures and licensing boards to prevent dilution of the authority of physicians to lead the health care team.

(3) Exercising independent medical judgment to select the drug of choice must continue to be the responsibility only of physicians.

(4) Physicians should recognize physician assistants and advanced practice nurses under physician leadership, as effective physician extenders and valued members of the health care team.

(5) Physicians should encourage state medical and nursing boards to explore the feasibility of working together to coordinate their regulatory initiatives and activities.

(6) Physicians must be responsible and have authority for initiating and implementing quality control programs for nonphysicians delivering medical care in integrated practices.