

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 219
(N-21)

Introduced by: Resident and Fellow Section

Subject: The Impact of Midlevel Providers on Medical Education

Referred to: Reference Committee B

- 1 Whereas, A survey in 2017 published in Worldviews Evidence Based Nursing revealed that a
2 majority of the 2,300 nurse respondents did not feel competent in evidence-based practice¹; and
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4 Whereas, Physicians that speak out about the differences in training received by physicians vs.
5 by mid-level providers are being fired, labeled “disrespectful” or labeled “not team players” in the
6 interdisciplinary team treating patients¹; and
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8 Whereas, More non-physician post-graduate training programs are being formed across the
9 nation; there is still no mandatory requirement for non-physicians to pursue post-graduate
10 training¹; and
11
12 Whereas, Physicians are expected to continue to maintain certification by proving they continue
13 to educate themselves; mid-level providers are not held to the same standard¹; and
14
15 Whereas, Currently mid-levels providers can switch between specialties and subspecialties of
16 medicine and surgery without any formal or regulated training or education¹; and
17
18 Whereas, Physicians are limited in their practice abilities by the post-graduate training they
19 receive¹; therefore be it
20
21 RESOLVED, That our American Medical Association study, using surveys among other tools
22 that protect identities, how commonly bias against physician-led healthcare is experienced
23 within undergraduate medical education and graduate medical education, interprofessional
24 learning and team building work and publish these findings in peer-reviewed journals (Directive
25 to Take Action); and be it further
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27 RESOLVED, That our AMA work with the Liaison Committee on Medical Education and the
28 Accreditation Council for Graduate Medical Education to ensure all physician undergraduate
29 and graduate training programs recognize and teach physicians that they are the leaders of the
30 healthcare team and are adequately equipped to diagnose and treat patients independently only
31 because of the intensive, regulated, and standardized education they receive (Directive to Take
32 Action); and be it further
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34 RESOLVED, That our AMA study the harms and benefits of establishing mandatory
35 postgraduate clinical training for nurse practitioners and physician assistants prior to working
36 within a specialty or subspecialty field (Directive to Take Action); and be it further
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38 RESOLVED, That our AMA study the harms and benefits of establishing national requirements
39 for structured and regulated continued education for nurse practitioners and physician
40 assistants in order to maintain licensure to practice. (Directive to Take Action)

Fiscal Note: Not yet determined

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AUTHORS STATEMENT OF PRIORITY

This policy is lower priority. As leaders of the health care team, physicians work with many different individuals as part of their clinical duties, including midlevel providers (NPs, PAs, etc.). However, these providers do not necessarily require postgraduate training in the specialty area they are working, and do not require any training before changing specialties. Study of this area, as well as the effects this has on medical trainees, is warranted by our AMA.

References:

1. Al-Agba, Niran, and Rebekah Bernard. *Patients at Risk: the Rise of the Nurse Practitioner and Physician Assistant in Healthcare*. Universal-Publishers, Inc., 2020.

DRAFT