

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 4
(I-21)

Introduced by: Gunjan Malhotra, MD; Benjamin Meyer, MD

Subject: Shortage of Bedside Nurses, Nurse Practitioner “Diploma Mills” and the Effects on Patient Safety and Quality Care

Referred to: Reference Committee

1 Whereas, There is a shortage of bedside nurses, putting patients at risk; and

2
3 Whereas, The quantity of nurse staffing is approximately 24% below an adequate level,
4 according to the Joint Commission on Accreditation of Healthcare Organizations¹; and

5
6 Whereas, The transition of nurses to nurse practitioners and the resulting lack of nursing faculty
7 choosing to teach in nursing schools has contributed to a bedside nursing shortage of 80,000
8 and the rejection of 75,000 nursing school applicants^{1,2}; and

9
10 Whereas, There are ongoing efforts by the National Organization of Nurse Practitioner Faculties
11 to convert Master of Science in Nursing (MSN) degrees into Doctor of Nursing Practice degrees
12 (DNP), many of which are online programs without standardization and well-delineated
13 curriculum requirements⁵; and

14
15 Whereas, From 2010-2017, the number of practicing nurse practitioners (NPs) grew from
16 91,000 to 190,000 while the physician shortage in the United States is currently approximately
17 91,500, according to a recent study^{2,3}; and

18
19 Whereas, During the COVID-19 pandemic, rather than help in areas of need as trained bedside
20 nurses, nurse practitioners lobbied state governors for independent practice while hospitals
21 asked physicians in training to learn and take on the duty of bedside nurses^{1,4}; therefore be it

22
23 RESOLVED, That our AMA create a national campaign aimed at educating the population and
24 state legislatures about the shortage of bedside nurses resulting from the push to create more
25 nurse practitioners by “diploma mills”; and be it further

26
27 RESOLVED, That our AMA oppose the expansion of nurse practitioner educational programs at
28 the cost of exacerbating a shortage of bedside nurses and diverting resources from physician
29 education; and be it further

30
31 RESOLVED, That our AMA work with relevant stakeholders to push for standardized in-person
32 clinical training in current nurse practitioner programs to curtail the poor training practices of
33 nurse practitioner “diploma mills.”

Fiscal Note:

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.
2. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00686>
3. [Physician workforce in the United States of America: forecasting nationwide shortages | Human Resources for Health | Full Text \(biomedcentral.com\)](#)
4. <https://news.usc.edu/167632/surgical-residents-nurses-critical-care-covid-19/>
5. [NP to DNP: In Less Than 10 Years, All Nurse Practitioners May Need to Hold a DNP - Regis College Online](#)

Relevant AMA Policy: