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# American Academy of Family Physicians Policies

## *Non-physician Health Professionals*

### **Allied Health Professions Scope of Practice**

**<http://www.aafp.org/online/en/home/policy/state/issues/scope/alliedscope.html>**

Allied health professionals play an important role in the delivery of health services. These professionals assist family physicians in providing a medical home and ensuring the health of patients through their provision of crucial services in physician-directed team. Allied health professionals work jointly with family physicians, sharing decision-making and management of patients. However, AAFP continues to believe that the scope of allied health professionals' respective practices should not hinder the ability of family physicians to provide their traditionally comprehensive array of services. Additionally, as recognition of physicians' extensive education and training and with concern for patient safety and quality, many of these services should not be provided without the supervision of a physician.

### **Nurse Practitioners**

**<http://www.aafp.org/online/en/home/policy/policies/n/nursepractitioners.html>**

The AAFP position is that the term "nurse practitioner" should be reserved for those who undergo specific training programs following attainment of a Registered Nurse (R.N.) license. Following licensure as an R.N., the nurse desiring to function as a nurse practitioner should be certified rather than licensed as a nurse practitioner.

The nurse practitioner should not function as an independent health practitioner. The AAFP position is that the nurse practitioner should only function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. In no instance may duties be delegated to a nurse practitioner for which the supervising physician does not have the appropriate training, experience and demonstrated competence.

The AAFP position is that the training programs preparing nurse practitioners, like the training for all other health care providers, should be constantly monitored to assure the quality of training provided and that the number of graduates reflects demonstrated needs.

The AAFP supports the concept of patient and third-party payment for services of nurse practitioners only where services are provided in an integrated practice arrangement. (1984) (April Board 2009-Reaffirmed)

### **Integrated Practice Arrangements**

**<http://www.aafp.org/online/en/home/policy/policies/i/integratedpracticearrangements.html>**

The AAFP encourages health professionals to work together in the best interest of patients. The AAFP believes, however, that interests of patients are best served when their care is provided by a physician or through an integrated practice supervised directly by a physician.

An integrated practice is an arrangement whereby a licensed physician (MD/DO), jointly with other health care personnel, manages the overall care of a patient or patient population using an integrated approach to health care. The arrangement, preferably described in writing, should be based on a mutually agreed upon and interdependent approach to health care. It should address patient needs for high quality, accessible health care and reflect the skills, training expertise and/or demonstrated current competence of each health care team member.



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Integrated practice arrangements should include a licensed physician (MD/DO) supervising one or more non-physician health care providers (physician assistants, advanced registered nurse practitioners, certified nurse mid-wives, various levels of nursing personnel and other non-physician providers) and possibly other physicians working as an interdependent team. The central goal of an integrated health care practice is to provide the most effective, accessible and efficient care to the patient or patient population, preferably based upon clinical and patient-focused outcome measures or assessments. The team member assuming lead responsibility for various aspects of patient care will ultimately be determined by matching team members' clinical competencies and skills with patient needs.

The AAFP recognizes the dynamic nature of the health care environment and the importance of an interdependent team approach to health care that is supervised by a responsible licensed physician. Family physicians practice within dynamic health care systems and provide health/medical care, consultation, management and referral as indicated by the health status of the patient. (1996) (2004)

### **Payment, Non-Physician Providers**

**<http://www.aafp.org/online/en/home/policy/policies/p/nonphysicprovidreimburs.html>**

Services delegated to, and provided by, non-physician providers (NPPs) under physician supervision must be provided with the same quality and should be reimbursed at the same level as services directly provided by a physician. (1998) (2004)