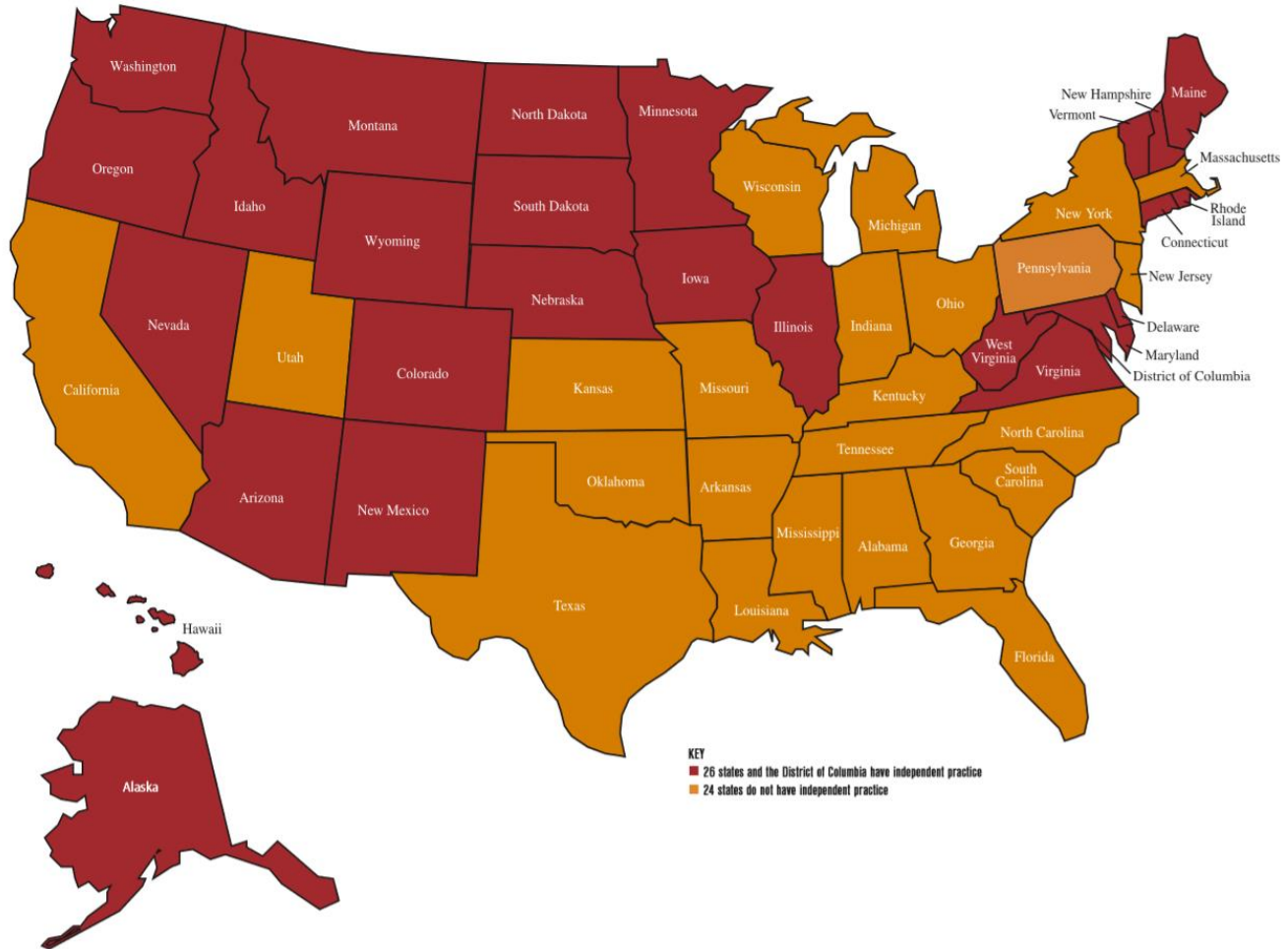




SCOPE OF PRACTICE — NURSE PRACTITIONERS



Recommendation

The American Academy of Family Physicians (AAFP) recognizes the valuable contributions of the nursing profession and we believe that the nurse practitioner should function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. The AAFP encourages health professionals to work together as clinically integrated teams in the best interest of patients. Patients are best served by a health care team led by a physician. Nurse practitioners should not function as independent health practitioners.

Nurse Practitioner Scope

State practice and licensure laws in 26 states and the District of Columbia allow for “independent practice” by nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including medication prescribing. Of those, 10 states (CO, CT, DE, IL, ME, MD, MN, NE, NV, NY, SD, VT, VA) require an advanced practice nurse practitioner (APRN) to complete a certain number of hours or years of collaborative practice with a physician before

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practicing.¹ Among the 24 states that do not allow for independent practice of nurse practitioners, seven (AR, KY, MI, NJ, OK, TX, UT) allow nurse practitioners to diagnose and treat patients while prohibiting them from being able to prescribe.²

Education and Training

There are significant differences in the educational and training requirements between physicians and nurse practitioners. All physicians are required to complete a four-year bachelor's degree, four years of MD/DO education, and three years of residency which includes 12,000 to 16,000 hours of clinical patient care. Physicians' education is standardized by state medical boards, while nurse training is not. Further, physicians are required to take 150 hours of Continuing Medical Education (CME) training every three years, and also must sit for their board certifications every six to ten years. Each physician is required by law to carry individual medical liability insurance. By contrast, nurse practitioners are required to complete a four-year bachelor's degree, 1.5 to 3 years of masters-level coursework, and between 500-1,500 clinical hours before becoming registered nurses. Nurses also are not required to complete CME, sit for board certifications at standardized intervals, or carry medical liability insurance.

Patients Choice

A survey conducted on behalf of the AMA Scope of Practice Partnership in March 2012 surveyed 801 adults nationwide and found that four out of five patients prefer a physician-led health care team. Nine out of ten respondents said that a physician's education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Additionally, 86% of respondents said that patients with one or more chronic conditions benefit from a physician-led health care team. Lastly, 79% of respondents believe that nurse practitioners should not be able to practice independently of physicians. Ultimately, three out of four patients prefer to be treated by a physician even if it takes longer to get an appointment and costs more.³

Workforce Shortage

According to the Association of American Medical Colleges, the U.S. will face a shortage of more than 120,000 doctors by 2030, including a shortage of up to 49,300 primary care physicians.⁴ By 2020, the U.S. nursing shortage is projected to reach 193,000 nurses.⁵ The AMA reported that increased use of APRNs isn't solving the access problem stating that since 2004, the number of nurse practitioners entering primary care has dropped by 40 percent.⁶ The Agency for Healthcare Research and Quality (AHRQ) reported that in 2010, just over half (52 percent) of nurse practitioners practiced primary care.⁷

Importance of Physician-Led Team Based Care

The most efficient patient care is provided by physician-led teams of health professionals in the patient-centered medical home. Wholesale substitution of nurse practitioners, while a vital part of the health care team, for physicians is not the solution, especially at a time when primary care practices are being called upon to take on more complex care. Patients need access to every member of their health care team—primary care physician, nurse practitioners, physician assistants, and all the other professionals practicing to the full extent of their license. The family physician is trained to provide complex differential diagnosis, develop a treatment plan, and order and interpret tests within the context of the patient's overall health condition. Nurse practitioners, on the other hand, are specifically trained to follow through on the treatment of a patient after a diagnosis and to implement protocols for chronic disease management.

¹ "State-by-State Guide to Laws Regarding Nurse Practitioner Prescriptive Authority and Physician Practice." National Nurse-Led Care Consortium. Web.

² "Issue brief: Independent nursing practice." American Medical Association. Web.

³ "Truth in Advertising survey results." American Medical Association. Web.

⁴ "New Research Shows Increasing Physician Shortages in Both Primary and Specialty Care" Association of American Medical Colleges.

⁵ Buerhaus P, Auerbach D, Staiger D. (2009). "The Recent Surge in Nurse Employment: Causes and Implications." Health Affairs. Web.

⁶ Wexler R. "The Primary Care Shortage, Nurse Practitioners, and the Patient-Centered Medical Home." AMA Journal of Ethics. Web.

⁷ "The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States." Agency for Healthcare Research and Quality. Web.