Use of Terms Such as Mid-Level Provider and Physician Extender

**Purpose:** The American Academy of Nurse Practitioners (AANP) opposes the use of terms such as “mid-level provider” and “physician extender” in reference to nurse practitioners (NPs) individually or to an aggregate inclusive of NPs.

**APSNA Position:** APSNA endorses the consensus statement issued by AANP on the use of terms such as mid-level provider and physician extender.

**Background:** NPs are licensed independent practitioners who practice in a variety of settings and provide care to individuals, families, and groups. As licensed practitioners they practice autonomously and in collaboration with other health care professionals. Since NPs are independently licensed and their scope of practice is not designed to be dependent on or an extension of care rendered by a physician, it is essential that the terms used to describe individuals in this role be appropriate.

**Supportive Material:** The AANP position statement is as follows:

*The AANP opposes the use of these terms and calls on employers, policy-makers, health care professionals and other parties to refer to NPs by their title. These inaccurate terms originated decades ago and are not interchangeable with use of the NP title. They are also used by the US Department of Justice’s Drug Enforcement Administration to identify a group of health-care individuals for the purpose of monitoring controlled substances (U.S. Department of Justice). The terms fail to recognize the established national scope of practice for the NP role and authority of NPs to practice according to the full extent of their education. Further, these terms confuse health care consumers and the general public due to their vague nature and are not a true reflection of the role of the NP.*

*The term “midlevel provider” implies that the care rendered by NPs is “less than” some other (unstated) higher standard. In fact, the standard of care for patients treated by an NP is the same as that provided by a physician or other healthcare provider, in the same type of setting. NPs are independently licensed practitioners who provide high quality and cost-effective care equivalent to that of physician. The role was not developed and has not been demonstrated to provide only “mid-level” care.*

*The term “physician extender” (physician-extender) originated in medicine and implies that the NP role evolved to serve as an extension of physicians’ care. NPs are independently licensed and their scope of practice is not designated to be dependent on or an extension of care rendered by a physician.*

*In addition to the terms cited above, other terms that should be avoided in reference to NPs include “limited license providers,” “non-physician providers,” and “allied health providers.” As it would be inappropriate to call physicians non-nurse providers, it is similarly inappropriate to call all*
providers by something that they are not. Similarly, the usage of the term “allied health provider” has no clear definition or purpose in today’s environment.

When it is necessary to group providers for policymaking or other purposes, more appropriate terms may instead be: primary care providers; health care providers; health care professionals; advanced practice providers; clinicians; and/or prescribers. AANP stands with the IOM (2011), who called for NPs to be full partners with physicians and other health care professionals, the National Council of State Boards of Nursing (2008), and other nursing associations to recognize nursing’s role in the health care system and only endorses the term nurse practitioner. Best practices call for clearly informing patients and referring to each health care provider by their individual title to recognize their unique but overlapping roles. Now is the time to eliminate outdated terms to ensure clarity and public understanding of the title of nurse practitioner.


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