

HOD ACTION: Recommendations in Council on Medical Education Report 4 adopted as amended in lieu of Resolution 329 and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 04-A-22

Subject: Protection of Terms Describing Physician Education and Practice
(Resolution 305-J-21, Alternate Resolve 2)

Presented by: Niranjan V. Rao, MD, Chair

Referred to: Reference Committee C

1 INTRODUCTION

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3 Resolution 305-J-21, “Non-Physician Postgraduate Medical Training,” introduced by the American
4 Medical Association (AMA) Resident and Fellow Section (RFS), asked that our AMA amend
5 Policy H-275.925, “Protection of the Titles ‘Doctor,’ ‘Resident’ and ‘Residency.’” Testimony on
6 this item during the June 2021 Special Meeting led to proposed revisions to the original
7 resolution’s second resolve:

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9 That our AMA amend policy H-275.925 “Protection of the Titles “Doctor,” “Resident” and
10 “Residency,”” by addition and deletion to read as follows:

11
12 Our AMA: (1) recognizes that when used in the healthcare setting, specific terms describing
13 various levels of allopathic and osteopathic physician training and practice (including the terms
14 “medical student,” “resident,” “residency,” “fellow,” “fellowship,” “physician,” and
15 “attending”) represent the completion of structured, rigorous, medical education undertaken by
16 physicians (as defined by the American Medical Association in H-405.951, “Definition and
17 Use of the Term Physician”), and must be reserved for describing only physician roles; (2) will
18 advocate that professionals in a clinical health care setting clearly and accurately identify to
19 patients their qualifications and degree(s) attained and develop model state legislation for
20 implementation; and (3) supports and develops model state legislation that would penalize
21 misrepresentation of one’s role in the physician-led healthcare team, up to and including the
22 level of ~~make it a felony to~~ for misrepresenting oneself as a physician (MD/DO); and (4)
23 support and develop model state legislation that calls for statutory restrictions for non-
24 physician postgraduate diagnostic and clinical training programs using the terms “medical
25 student,” “resident,” “residency,” “fellow,” “fellowship,” “physician,” or “attending” in a
26 healthcare setting except by physicians.

27
28 This alternate resolve was referred by the AMA House of Delegates. This report is in response to
29 the referral.

30
31 BACKGROUND

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33 Recognizing that there is confusion among the public as to the education, training, and skills of
34 different health care professionals, which can lead to patients seeking and obtaining inappropriate
35 and potentially unsafe medical care, the AMA has partnered with 105 national, state and specialty
36 medical associations to form the Scope of Practice Partnership (SOPP). To inform SOPP’s “Truth

1 in Advertising Campaign,” SOPP has conducted several surveys to gauge public knowledge of
2 titles, qualifications, practices and licensure status of various health care professionals.

3
4 The first SOPP survey in 2008 found that while patients strongly support a physician-led health
5 care team, many were confused about the level of education and training of their health care
6 provider. Follow-up surveys conducted in 2010, 2012 and 2014 confirmed that patients were
7 confused as to who is and who is not a physician, e.g., 80 percent believed a dermatologist was a
8 physician, and 19 percent and 17 percent thought nurse practitioners and physician assistants,
9 respectively, were physicians.¹ The surveys did not ask about educational or training roles, such as
10 resident or fellow.

11
12 The AMA has addressed this issue in the past; in 2008 the Illinois Delegation introduced a
13 resolution related to the titles “Doctor,” “Resident” and “Residency.” The resolution asked that the
14 title doctor (in a medical setting) “apply only to physicians licensed to practice medicine in all its
15 branches, dentists and podiatrists”; that the AMA “adopt policy that the title ‘Resident’ apply only
16 to individuals enrolled in physician, dentist or podiatrist training programs”; that the AMA “adopt
17 policy that the title ‘Residency’ apply only to physician, dentist or podiatrist training programs;”
18 and that the AMA “serve to protect, through legislation,” these titles. The action that was adopted
19 by the HOD became Policy H-275.925, asking that all health professionals clearly identify their
20 qualifications and training and supporting state legislation that would make it a felony to
21 misrepresent oneself as a physician.

22 23 HEALTH CARE PROFESSIONAL TITLES AND EDUCATIONAL PROGRAMS

24 25 *A brief history in medicine*

26
27 It can be assumed that the general public is reasonably familiar with terms such as “medical
28 student” and “physician,” but other terms, such as resident, residency, fellow, fellowship and
29 attending, may not be as well understood. In the health care field, the founders of Johns Hopkins
30 Medical School in the 1890s are credited with first using the terms resident and residency to
31 describe medical school graduates furthering their education in a clinical setting and the
32 educational program in which that education occurs. The programs at Johns Hopkins were
33 designed to be an intensive experience for physicians to study a specific field of medicine—so
34 intensive, the physicians lived at the hospital.²

35
36 “Fellow” and “fellowship” have a long history within education, designating a senior scholar and
37 the formal or informal organization of those scholars. Within medicine, the term fellowship as part
38 of graduate medical education was used at least as early as the mid-1930s.³ The term attending,
39 when used in the hospital setting, appears to have its origins describing when private physicians
40 would leave their clinics to “attend” to “their” patients who had been admitted to a hospital. The
41 term has evolved to generally define a physician on the staff of a hospital with the primary
42 responsibility over the treatment of a patient and who often supervises treatment given by interns,
43 residents and fellows.

44 45 *In other health care fields*

46
47 The nursing profession has created educational modules and pilots using the term “attending,” with
48 literature describing implementation of these pilots dating back to the early 1990s.^{4,5,6,7} The
49 literature, however, does not always advocate for a “change of title or regulation” but a recognition
50 of a stature earned.⁸ Nonetheless, it is possible to find advertisements for positions called

1 “attending nurse,”⁹ and the province of Ontario has an Attending Nurse Practitioner in Long-term
2 Care Homes Initiative.¹⁰

3
4 The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses
5 Association. The ANCC Practice Transition Accreditation Program® (PTAP) is recognized by
6 the U.S. Department of Labor as a Standards Recognition Entity for Industry-Recognized
7 Apprenticeship Programs (IRAP) and sets the global standard for residency or fellowship programs
8 that prepare registered nurses (RNs) and advanced practice registered nurses (APRNs) to transition
9 into new practice settings. ANCC accredits the following types of transition programs:

10		
11	RN Residencies	For nurses with less than 12 months’ experience
12	RN Fellowships	For experienced nurses to master new clinical settings
13	APRN Fellowships	For newly certified advanced practice nurses
14		

15 There are currently 221 programs accredited by the ANCC.¹¹ Another organization, the National
16 Nurse Practitioner Residency & Fellowship Training Consortium, which has just received
17 recognition by the U.S. Department of Education, has accredited nine programs.¹² For example,
18 Northwell Health requires all nurses with 6 months or less experience to enroll in their nurse
19 residency and offers nursing fellowships in five clinical areas.¹³ The Medical College of Wisconsin
20 has a pediatric critical care nurse practitioner 12-month fellowship program for pediatric critical
21 care nurse practitioners to further their training.¹⁴

22
23 The Association of Postgraduate PA Programs provides a list of 70 training programs, many called
24 residency or fellowship programs,¹⁵ while the Physician Assistant Program Directory provides a
25 list of 85 programs.¹⁶

26 *Outside of health care*

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28
29 As mentioned above, the terms “fellow” and “fellowship” have a long history outside of medicine.
30 The terms “resident” and “residency” are used widely in fields outside of health care, such as in the
31 arts,¹⁷ engineering,¹⁸ and journalism¹⁹ to name only a few. Attending does not appear to be in use
32 for modifying a position (e.g., attending physician) outside of health care.

33 34 REGULATIONS/GUIDANCE REGARDING USE OF THE TERMS IN HEALTH CARE

35
36 At this time, there appear to be no regulations by state medical boards on who can use the terms
37 resident, residency, fellow, fellowship or attending. Medical licensure requirements reflect what
38 someone can do under various licenses, e.g., practice medicine, but do not stipulate what an
39 educational program is named or the titles that one can use in describing a position.

40
41 The AMA’s model bill, “Health Care Professional Transparency Act,” has been successfully
42 adopted in many states and describes how health professionals should properly identify their type
43 of license but does not include roles. Section 4.(b).1, for example, requires health care practitioners
44 to wear a photo identification tag that includes, among other information, the person’s type of
45 license, e.g., medical doctor or nurse practitioner. The model bill does not include the roles in the
46 health care setting that practitioners likely use when introducing themselves to patients, such as
47 attending physician, resident, etc. Further adoption of this model legislation by additional states
48 may help address the issue of appropriate identification of physicians (whether resident physician
49 or fully licensed physician) versus other health professionals.

1 RELEVANT AMA POLICY

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3 D-275.979, “Non-Physician ‘Fellowship’ Programs”

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5 Our AMA will (1) in collaboration with state and specialty societies, develop and disseminate
6 informational materials directed at the public, state licensing boards, policymakers at the state and
7 national levels, and payers about the educational preparation of physicians, including the meaning
8 of fellowship training, as compared with the preparation of other health professionals; and (2)
9 continue to work collaboratively with the Federation to ensure that decisions made at the state and
10 national levels on scope of practice issues are informed by accurate information and reflect the best
11 interests of patients.

12
13 H-270.958 (2), “Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities
14 by Mid Level Practitioners”

15
16 Our AMA will work with interested Federation partners: (a) in pursuing legislation that requires all
17 health care practitioners to disclose the license under which they are practicing and, therefore,
18 prevent deceptive practices such as nonphysician healthcare practitioners presenting themselves as
19 physicians or “doctors”; (b) on a campaign to identify and have elected or appointed to state
20 medical boards physicians (MDs or DOs) who are committed to asserting and exercising the state
21 medical board’s full authority to regulate the practice of medicine by all persons within a state
22 notwithstanding efforts by nonphysician practitioner state regulatory boards or other such entities
23 that seek to unilaterally redefine their scope of practice into areas that are true medical practice.

24
25 D-35.996, “Scope of Practice Model Legislation”

26
27 Our AMA Advocacy Resource Center will continue to work with state and specialty societies to
28 draft model legislation that deals with non-physician independent practitioners’ scope of practice,
29 reflecting the goal of ensuring that non-physician scope of practice is determined by training,
30 experience, and demonstrated competence; and our AMA will distribute to state medical and
31 specialty societies the model legislation as a framework to deal with questions regarding non-
32 physician independent practitioners’ scope of practice.

33
34 H-405.951, “Definition and Use of the Term Physician”

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36 Affirms that the term physician be limited to those people who have a Doctor of Medicine, Doctor
37 of Osteopathic Medicine, or a recognized equivalent physician degree and who would be eligible
38 for an Accreditation Council for Graduate Medical Education (ACGME) residency.

39
40 D-405.991 (1) (2), “Clarification of the Title ‘Doctor’ in the Hospital Environment”

41
42 1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint
43 Commission develop and implement standards for an identification system for all hospital facility
44 staff who have direct contact with patients which would require that an identification badge be
45 worn which indicates the individual’s name and credentials as appropriate (i.e., MD, DO, RN,
46 LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and
47 those with other types of credentials.

48
49 2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint
50 Commission develop and implement new standards that require anyone in a hospital environment
51 who has direct contact with a patient who presents himself or herself to the patient as a “doctor,”

1 and who is not a “physician” according to the AMA definition (H-405.969) that a physician is an
2 individual who has received a “Doctor of Medicine” or a “Doctor of Osteopathic Medicine” degree
3 or an equivalent degree following successful completion of a prescribed course of study from a
4 school of medicine or osteopathic medicine) must specifically and simultaneously declare
5 themselves a “non-physician” and define the nature of their doctorate degree.
6

7 H-405.992, “‘Doctor’ as a Title”
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9 The AMA encourages state medical societies to oppose any state legislation or regulation that
10 might alter or limit the title “Doctor,” which persons holding the academic degrees of Doctor of
11 Medicine or Doctor of Osteopathy are entitled to employ.
12

13 H-405.968 (1), “Clarification of the Term ‘Provider’ in Advertising, Contracts and other
14 Communications”
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16 Our AMA supports requiring that health care entities, when using the term “provider” in contracts,
17 advertising and other communications, specify the type of provider being referred to by using the
18 provider’s recognized title which details education, training, license status and other recognized
19 qualifications; and supports this concept in state and federal health system reform.
20

21 SUMMARY AND RECOMMENDATIONS 22

23 There is potential confusion for the public in the use of terms describing the training program and
24 level of training that health care professionals enroll in or complete; data are needed to assess the
25 extent of that confusion. A standardization and understanding of terms for physicians and non-
26 physicians will be beneficial to the public and health care professionals and could inform future
27 proposed legislation.
28

29 The Council on Medical Education therefore recommends that the following recommendations be
30 adopted in lieu of Resolution 305-J-21, Alternate Resolve 2, and the remainder of this report be
31 filed:
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- 33 1. That our AMA engage with academic institutions across the nation that develop
34 educational programs for training of non-physicians in health care careers, and their
35 associated professional organizations, to create alternative, clarifying nomenclature in
36 place of “resident,” “residency,” “fellow,” “fellowship” and “attending” and other related
37 terms to reduce confusion with the public. (Directive to Take Action)
38
- 39 2. That AMA Policy H-275.925, “Protection of the Titles ‘Doctor,’ ‘Resident’ and
40 ‘Residency’” be amended by insertion and deletion as follows:
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42 Our AMA: (1) will advocate that all health professionals in a clinical health care setting
43 clearly and accurately communicate to patients and relevant others their qualifications,
44 degree(s) attained, and current training status within their training program; (2) develop
45 model state legislation for implementation to this effect; (3) supports state legislation that
46 would make it a felony to misrepresent oneself as a physician (MD/DO); and (4) will
47 expand efforts in educational campaigns that: a) address the differential education, training
48 and licensure/certification requirements for non-physician health professionals versus
49 physicians (MD/DO) and b) provide clarity regarding the role that physicians (MD/DO)
50 play in providing patient care relative to other health professionals as it relates to

1 nomenclature, qualifications, degrees attained and current training status. (Amend HOD
2 Policy)

Fiscal Note: \$5,000

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