

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 814
(I-05)

Introduced by: Texas Delegation

Subject: Limited Licensure Health Care Provider Training and Certification Standards

Referred to: Reference Committee K
(Eugenia Marcus, MD, Chair)

1 Whereas, The physicians of America voluntarily perform a vital role through initial and
2 subsequent credentialing and privileging of limited licensure health care providers at health care
3 facilities and through peer review of the quality of care provided by these providers at these
4 facilities; and

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6 Whereas, In comparison to the uniform national standards of undergraduate and graduate
7 medical education and board certification for physicians, the education and certification
8 standards for limited licensure health care providers may not be uniform nor well defined nor
9 generally understood by physicians and the public; and

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11 Whereas, The American public and health care facilities' governing boards properly rely upon
12 physicians to be well-informed about the education, training, and certification standards of all
13 health care professionals when performing voluntary credentialing, privileging, and peer-review;
14 and

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16 Whereas, State legislatures, courts, and regulatory agencies frequently call upon the opinions
17 and/or testimony of informed physicians when they consider the public's safety and
18 qualifications in relation to the statutory limitations of practice of limited licensure health care
19 providers; and

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21 Whereas, While our American Medical Association has well defined the training and certification
22 of 65 allied health professionals in its 33rd edition of *Health Professions Career and Education*
23 *Directory, 2005-2006*, there is no similar source of information on such limited licensure health
24 care providers as chiropractors, optometrists, nurse anesthetists, advanced practice nurses,
25 podiatrists, or psychologists; and

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27 Whereas, The standards for admission, graduate education, postgraduate training, education,
28 testing, graduation, board certification, board governance, ethics, professional discipline, and
29 licensing of limited licensure health care providers are neither well-defined nor generally known
30 by physicians or public members who voluntarily evaluate and recommend them, grant them
31 privileges, and conduct peer review of the quality of care they provide; and

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33 Whereas, The uniformity of training, autonomy of accrediting organizations, independence of
34 peer review, and the role played by the professions' trade associations of limited licensure
35 health care providers are neither well defined nor generally known by physicians or public
36 members who voluntarily evaluate and recommend them, grant them privileges, and conduct
37 peer review of the quality of care they provide; therefore be it

1 RESOLVED, That our American Medical Association study the qualifications, education,
2 academic requirements, licensure, certification, independent governance, ethical standards,
3 disciplinary processes, and peer review of the limited licensure health care providers, including
4 but not limited to, chiropractors, optometrists, nurse anesthetists, advanced practice nurses,
5 podiatrists, and psychologists, and report back at the 2006 Annual Meeting. (Directive to Take
6 Action)

Fiscal Note: Estimated cost of \$171,975 includes two half-time employees for one year and input of legal counsel, and cost to publish the results of the study.

Received: 9/21/05

RELEVANT AMA POLICY

E-3.03 Allied Health Professionals

Physicians often practice in concert with allied health professionals such as, but not limited to, optometrists, nurse anesthetists, nurse midwives, and physician assistants in the course of delivering appropriate medical care to their patients. In doing so, physicians should be guided by the following principles: (1) It is ethical for a physician to work in consultation with or employ allied health professionals, as long as they are appropriately trained and duly licensed to perform the activities being requested. (2) Physicians have an ethical obligation to the patients for whom they are responsible to ensure that medical and surgical conditions are appropriately evaluated and treated. (3) Physicians may teach in recognized schools for the allied health professionals for the purpose of improving the quality of their education. The scope of teaching may embrace subjects which are within the legitimate scope of the allied health profession and which are designed to prepare students to engage in the practice of the profession within the limits prescribed by law. (4) It is inappropriate to substitute the services of an allied health professional for those of a physician when the allied health professional is not appropriately trained and duly licensed to provide the medical services being requested. (I, V, VII) Issued December 1997.

H-35.985 AMA Role in Allied Health Education and Accreditation

The AMA reaffirms its commitment to promoting quality in allied health education. (CME Rep. E, I-86; Amended by Sunset Report, I-96)

H-35.996 Status and Utilization of New or Expanding Health Professionals in Hospitals

(1) The services of certain new health professionals, as well as those professionals assuming an expanded medical service role, may be made available for patient care within the limits of their skills and the scope of their authorized practice. The occupations concerned are those whose patient care activities involve medical diagnosis and treatment to such an extent that they meet the three criteria specified below: (a) As authorized by the medical staff, they function in a newly expanded medical support role to the physician in the provision of patient care. (b) They participate in the management of patients under the direct supervision or direction of a member of the medical staff who is responsible for the patient's care. (c) They make entries on patients' records, including progress notes, only to the extent established by the medical staff. Thus this statement covers regulation of such categories as the new physician-support occupations generically termed physician's assistants, and those allied health professionals and nurses functioning in an expanded medical support role. It is not intended to cover regulation of nurses and allied health professionals performing their regular and customary roles, nor nurse practitioners functioning within the legal definition of nursing. (2) The hospital governing authority should depend primarily on the medical staff to recommend the extent of functions which may be delegated to, and services which may be provided by, members of these emerging or expanding health professions. To carry out this obligation, the following procedures should be established in medical staff bylaws: (a) Application for use of such professionals by medical staff members must be processed through the credentials committee or other medical staff channels in the same manner as applications for medical staff membership and privileges. (b) The functions delegated to and the services provided by such personnel should be considered and specified by the medical staff in each instance, and should be based upon the individual's professional training, experience, and demonstrated competency, and upon the physician's capability and competence to supervise such an assistant. (c) In those cases involving use by the physician of established health professionals functioning in an expanded medical support role, the organized medical staff should work closely with members of the appropriate discipline now employed in an administrative capacity by the hospital (for example, the director of nursing services) in delineating such functions. (BOT Rep. G, A-73; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

See also:

H-225.997 Physician-Hospital Relationships

H-35.978 Education Programs Offered to, for or by Allied Health Professionals Associated with a Hospital