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

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 is inaccurate and misleading. The American Association of Nurse Practitioners 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. In 2010, the IOM developed a blueprint for the future of nursing. A key recommendation of this report is that NPs should be full partners with physicians and other health care professionals.1 Achieving this recommendation requires the use of clear and accurate nomenclature of the nursing profession.

NPs are licensed, independent practitioners. Nurse practitioners work throughout the entirety of health care from health promotion and disease prevention to diagnosis that prevents and limits disability.1 These inaccurate terms originated decades ago in bureaucracies and/or organized medicine; they are not interchangeable with use of the NP title. 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 “mid-level provider” implies an inaccurate hierarchy within clinical practice. Nurse practitioners practice at the highest level of professional nursing practice. It is well established that patient outcomes for NPs are comparable or better than that of physicians.2 NPs provide high-quality and cost-effective care.

The term “physician extender” originated in the physician community and was related to the extension of physician services by other providers. The NP role, however, evolved in response to identified health care needs across populations. NPs continue to meet the current and evolving future needs within a complex health care system. 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.

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, the National Council of State Boards of Nursing3 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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