

Patients Deserve Truth and Transparency

There are 183 nursing certifications, each with its own abbreviation. With the alphabet-soup of initials and the increase in “doctorates” in nursing and physician assistant doctorate titles, it’s hard for patients to know the qualifications of their medical clinician. NP and PAs have also been using terms like “board-certified,” “residency,” and “fellowship” causing additional confusion to patients.

NP and PA groups advertise directly to patients, implying that care is the same or better than that of physicians. Media campaigns include “We Choose NPs” and “Your PA Can.” Millions of dollars are being spent by the Robert Wood Johnson Foundation to promote nurse practitioners in the media.

Nurse practitioners are not held to the same medical standard of care as physicians in a malpractice case. Case law has repeatedly demonstrated that NPs are only held to the standard of another NP – even if they purport to offer the same care as a physician. Patients may not receive justice in the event of medical negligence.

Physicians for Patient Protection is a grassroots organization of practicing and retired physicians, residents and fellows, medical students, and assistant physicians (a new designation for physicians who have finished four years of medical school but have not yet matched in a U.S.-Accredited residency program).

Our mission is to ensure physician-led care for all patients and to advocate for truth and transparency regarding healthcare practitioners.

We advance our mission by educating our colleagues and patients and influencing public policy, administrative rules, regulations, and legislation.



Please join us! Learn more at:
PhysiciansforPatientProtection.org



Physicians for Patient Protection

PATIENTS FIRST. ALWAYS.

The Voice of Physicians for Patients and the Profession of Medicine

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Difference in Education

Medicine and nursing are different disciplines. Education in one does not translate into expertise in the other.

Physicians receive a minimum of 15,000 hours of hands-on, supervised and accredited clinical training before they are legally permitted to care for patients independently. Nurse practitioners (NPs) are required to only complete 500-650 hours, and yet in 23 states and the VA, NPs are permitted to treat patients without physician supervision.

“50 Years of Research”

Over the last 50 years, researchers found only 18 studies of adequate quality to compare nurse practitioners to physicians, and just 3 were performed in the US. The average duration of these studies was ten months and were designed for nurse practitioners to follow specific protocols (Cochr Db of Sys Rev, 2018). High-risk or complicated patients were almost always excluded.

No validated study has ever examined care provided by unsupervised nurse practitioners – research always allowed access to consultation with a physician.

Access to Care

Non-physician practitioners do not go to rural areas to practice in greater numbers than physicians. States that have passed independent practice authority laws for nurse practitioners have NOT seen improved access to medical care.

Nurse practitioners are increasingly choosing to practice in specialty areas rather than primary care and can change specialties anytime without any special requirements. A physician who wants to change specialties has to do training in another residency program.

Did you know?

Many nurse practitioner training programs now offer 100% acceptance rates, online curriculum, and accelerated programs allowing nurses to become NPs in under 2 years. Clinical hours are not standardized and may be on the “honor” system.

There are new “direct-to-NP” programs that allow students with a non-nursing bachelor’s degree (like art, history, or economics) to become an NP in about 3 years, with no nursing experience required.

Physicians vs. Non-Physician Providers

Compared with physicians, studies show that nurse practitioners and physician assistants:

- Order more laboratory and radiology tests (JAMA Intern Med 2015)
- Prescribe more medications, including unnecessary antibiotics, psychotropic medications, and opioids (J Nursing Reg 2017)
- Have poorer quality of referrals to specialists (Mayo 2016)
- Perform more unnecessary skin biopsies (JAMA Derm 2014)

Bedside Nursing Shortage

There is already a nursing shortage. The growth of nurse practitioner training has decreased the number of registered nurses, by 80,000 nationwide (Health Affairs 2020).

