Do not call nurse practitioners mid-level providers, physician extenders, or non-physicians. If you can’t decide how to address one, I would suggest using “nurse practitioner.” Your next best bet would be, “highly-educated professional providing expert medical care to diverse populations with a steadfast belief in the value of health promotion and patient-centered care.”

The terms mid-level provider, physician-extender, and non-physician were created and are perpetuated by physicians, physician-led organizations, and physician-centric corporations (Hoyt, 2012). The U.S. Department of Justice’s Drug Enforcement Administration (DEA) also uses “mid-level practitioner” to describe anyone other than a physician, dentist, veterinarian, or podiatrist who dispenses controlled substances. Furthermore, the Centers for Medicare and Medicaid originally referred to nurse practitioners as “physician extenders” but has more recently used the term “non-physician practitioners.”

In 2009, the American Association of Nurse Practitioners (AANP) published a position statement that asserted their opposition to these terms in reference to nurse practitioners individually or as an aggregate. The AANP states, “The term ‘mid-level provider’ implies that the care rendered by nurse practitioners is ‘less than’ some other (unstated) higher standard.” (AANP, 2009). The AANP explains that these terms call into question the legitimacy a nurse practitioner’s abilities and may confuse both patients and the general public. “Nurse practitioners are independently licensed practitioners who provide high-quality and cost-effective care equivalent to that of physicians,” concludes the AANP, “The role was not developed and has not been demonstrated to provide only ‘mid-level’ care.”

Both the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) support a nurse practitioner’s role as an independently licensed medical provider, not as a mid-level or physician-extender. In their landmark publication, The Future of Nursing: Leading Change, Advancing Health, the IOM proclaimed that nurse practitioners should be partners with physicians and that they should be able to practice to the full extent of their education. In response, the RWJF developed the Initiative on the Future of Nursing to support the transformation of nurse practitioners’ role in modern healthcare.

So if not mid-level, physician extender, or non-physician, who are nurse practitioners? Nurse practitioners are independently licensed healthcare professionals who possess a masters or doctorate degree. They diagnose and treat medical conditions through prescribing medication, ordering and interpreting diagnostic tests, and performing invasive procedures. Nursing theory serves as the foundation of their philosophy of care, and they approach patients holistically by emphasizing health promotion, disease prevention, and health education.

Nurse practitioners choose to specialize in acute care, adult health, family health, gerontology, neonatal health, oncology, pediatrics, psychiatry, or women’s health. They may subspecialize in immunology, cardiology, dermatology, emergency, endocrinology, gastroenterology, neurology, occupational health, orthopedics, pulmonology, sports medicine, and urology.

Employers, nurses, administrators, and nurse practitioners can all take a stand against the degrading terms mid-level, physician extender, or non-physician. For employers seeking to hire a nurse practitioner, demonstrate your respect for their expertise by addressing them as a nurse practitioner or “doctor” if they possess a doctorate degree. Nurses, be sure to stand up for your nurse practitioner colleagues if you hear another
profess professional refer to them with these names. Administrators of hospitals can remove this offensive language from their company’s website. And, nurse practitioners, do not let anyone call you something that undermines your unique contribution to healthcare.

More than just medical providers, nurse practitioners are also mentors, educators, researchers, advocates, and administrators. Nurse practitioners lower health care costs, increase patient satisfaction, and offer a solution to the current and ever worsening primary care shortage. Nothing that nurse practitioners stand for or do suggests anything other than “high-level,” expert care. From now on let’s call nurse practitioners what they are: nurse practitioners.