# An Assessment of Physician Supervision of Nurse Practitioners

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In 21 states, nurse practitioners (NPs) have full practice authority; they are licensed to practice and prescribe without physician oversight. The other 29 states require some level of physician supervision. The authors used an anonymous, online survey to determine the patterns of physician supervision of NPs in Florida and the relationships between physician supervision, practice setting, and NP characteristics. Physician supervision was measured by three factors: the percentage of time the physician is on site, the percentage of medical records reviewed, and the percentage of patients requiring consultations. The relationships among these factors and NP characteristics (sex, race, education, experience) and practice setting were examined. NPs with more experience and those with doctorate degrees worked without a physician on site more often, had fewer patient records reviewed, and were required to consult on fewer patients than those with less experience or without a doctorate. However, some NPs with no experience had no physician oversight, whereas some NPs with more than 20 years of experience had extensive oversight. Males were more likely to practice without a physician on site and had fewer records reviewed.

*Keywords:* Full practice authority, nurse practitioner, nursing regulation, physician supervision, scope of practice

The United States is facing a health care provider shortage, especially in primary care (Buerhaus, DesRoches, Dittus, & Donelan, 2015). Nurse practitioners (NPs) can meet the need for more primary care clinicians, but restricted practice authority limits their ability (Yee, Boukus, Cross, & Divya, 2013; Federal Trade Commission, 2014; Kuo, Loresto, Round, & Goodwin, 2013).

NPs with master's or doctorate degrees provide primary, specialty, and acute care, with a given advanced practice role and a population focus area (National Council of State Boards of Nursing [NCSBN], 2008). The majority are trained in primary care (Yee et al., 2013). As shown in Figure 1 and Figure 2, in 21 states and Washington, DC, NPs have full practice authority: they are licensed to practice and prescribe without supervision by another professional.

In 29 states, however, NPs are required to practice or prescribe medications with some level of physician oversight (NCSBN, 2016a, 2016b). This physician supervision is worded as a "collaborative agreement" or "supervision" in different states. Regardless of the wording, oversight requires the involvement of another profession. An NP cannot practice without a formal arrangement with a physician, or in some states, another professional, such as a dentist.

Multiple organizations—including the Institute of Medicine, the National Governors Association, and the NCSBN—have called for NPs to practice to the full extent of their education and training, removing supervisory or collaborative agreement limitations (Institute of Medicine, 2011; National Governors Association, 2012; NCSBN, 2008). Full-practice authority for NPs is seen as an avenue to increase health care access and innovation without compromising quality in health care. Research supports these positions. Full-practice authority is linked to a larger supply of NPs (Reagan & Salsberry, 2013), greater access to care (Stange, 2014), and fewer avoidable hospitalizations and hospital readmissions (Oliver, Pennington, Revelle, & Rantz, 2014). NPs in states with full practice and prescribing authority are more likely to practice in primary care (Westat, 2015), in rural areas (Buerhaus et al., 2015), and with Medicaid patients (Buerhaus et al., 2015). Full-practice authority for NPs is also associated with lower ambulatory care costs (Perloff, DesRoches, & Buerhaus, 2016). Multiple analyses have found NPs provide high-quality care (Stanik-Hutt et al., 2013; Swan, Ferguson, Chang, Larson, & Smaldone, 2015).

Both the Institute of Medicine and the National Governors Association reports recognize that states' requirements for NPs to be supervised by another profession have no foundation in evidence (Institute of Medicine, 2011; National Governors Association, 2012). Nonetheless, the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) maintain that the NP should function only under physician supervision (AAFP, 2013, 2014; AAP, 2013, 2016). AAFP advises physicians to review the NP's work and records on a continuing basis "to ensure that appropriate directions are given and understood" (AAFP, 2014). The AAFP does not provides evidence

to support the organization's position but calls for ongoing supervision and record reviews (AAFP, 2013). AAP declares that the pediatrician should be the leader of the care team and that NPs should work under the pediatrician. But, it neither provides evidence for this stance nor specifies what that supervision should look like (American Academy of Pediatrics, 2013, 2016).

Like more than half the states, Florida requires physician supervision over NP practice. Florida NPs are required to have a written collaborative agreement with a physician or dentist on file, with the board of nursing (BON) containing protocols outlining which conditions, procedures, and medications the NP is permitted to manage. The Florida Administrative Code Rule 64b8-35 mandates that NPs

> "shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the [NP] and a Florida licensed physician, osteopathic physician, or dentist. The degree and method of supervision, determined by the [NP] and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances."

The regulations do not provide specificity on the nature of the supervisory relationship (Florida Administrative Code, 2016). The NP supervision and protocol regulations have not changed significantly since they were written in 1988.

## An Examination of Physician Oversight

This descriptive study used an anonymous, online survey to answer the question, "What are the patterns of physician supervision of NPs in Florida and the relationships between physician supervision, practice setting, and NP characteristics?" Physician supervision was measured by three factors: the percentage of time the physician is on site, the percentage of medical records reviewed, and the percentage of patients requiring consultations. The relationships between these variables and NP characteristics (sex, race, education, years of NP experience) and practice setting were examined.

The institutional review boards (IRBs) at both of the authors' universities approved the study. The survey was an anonymous, online survey that did not collect identifying information. The IRBs approved the research as expedited and exempt from IRB review.

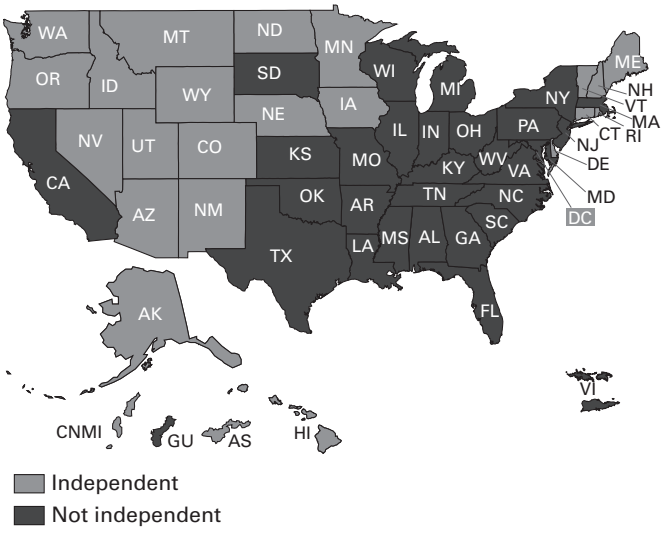
### Methodology

Building on a survey deployed by the Florida Coalition of Advanced Practice Nurses (FCAPN) in 2012 that explored Florida advanced practice nurses' perceptions of practice barriers and political activism, the authors developed survey questions to examine NP supervision as well as NP views of barriers and advocacy. The 24 questions in the 2015 survey included six questions regarding clinical practice and supervision for those currently providing NP care; three questions each regarding nursing organizations, practice barriers, and advocacy; and eight demographic questions. In the qualitative component of the survey, respondents could supplement their quantitative responses with text comments. The survey was pilot tested by members of the FCAPN for content validity and reliability.

In September 2015, an invitation to participate in the survey and a link were e-mailed to the 8,524 NPs who had both a Florida mailing address and an e-mail address on file with the Florida BON. After the initial invitation, a series of three

FIGURE 1

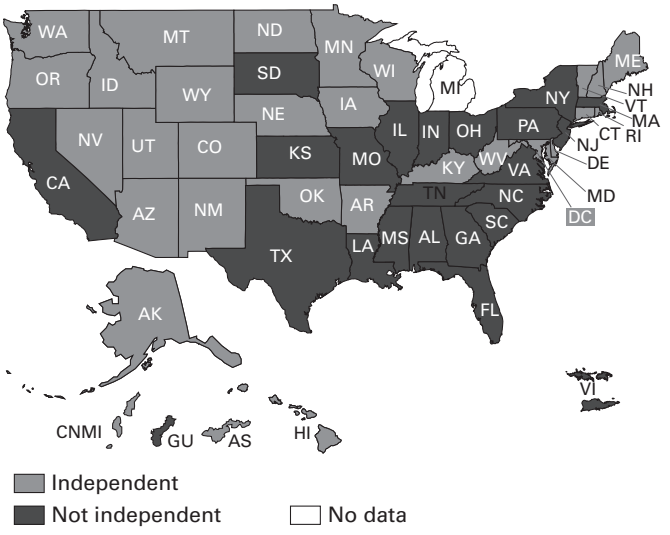
**Can Certified NPs Prescribe Independently?**




*Source:* National Council of State Boards of Nursing (2016a, 2016b).

FIGURE 2

**Can Certified NPs Practice Independently?**




*Source:* National Council of State Boards of Nursing (2016a, 2016b).