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"PHYSICIAN," NOT "PROVIDER"

The use of the term "provider" for physicians in the United States likely originated with the 1965 amendments that established Medicare and Medicaid, to describe a "health care provider being paid for services."¹ This evolved to the term being used by agencies, organizations, and especially business entities to lump together all levels of health care providers and had the unfortunate consequence of equating a level of training significantly shorter and less intense than the pathway taken to become a physician.

The use of the word "provider" can have several unintended consequences, one of which includes confusing the patient who does not understand how to differentiate members of their care team. Patients may not have the full understanding of the differentiated training that so many in the health care field obtain. For example, physicians, nurse practitioners, physician assistants, physical therapists, social workers, psychologists, etc should all be given recognition for the training they received. Another unintended consequence can be the "provider" feeling a lack of acknowledgment of each

care team member's strengths. It can be similarly compared with calling all members of a legal team "legal providers" when in fact there are lawyers, judges, paralegals, etc. Each name represents strength in the legal system, and similarly, we as a medical field should be cognizant of this same idea in our own field of work. We appreciate, and recognize, the strengths that the members of the health care team bring as we come together to take care of our patients.

The Association of Family Medicine Residency Directors (AFMRD) mission is to "inspire and empower family medicine residency program directors to achieve excellence in family medicine residency training." Central to this mission is the development and training of Family Medicine Physicians. The AFMRD firmly believes that the designation of "physician" is core and central to the level of education and expertise of its members and those we are charged with training.

Becoming a physician is the starting point for residents that matriculate into programs directed by AFMRD members. These physicians enter training intending to become board-certified Family Medicine physicians after 36 months of residency education under the guidance of our members. This level of expertise is critical to maintaining the high standards of our profession. The AFMRD affirms that diluting that experience by allowing others to use the term "provider" interchangeably with "physician" is not in the best interest of those who have chosen to hold themselves to the educational rigors and standards required to become a physician.

It is a significant disservice to the profession, the specialty of Family Medicine, and members of the AFMRD to fail to differentiate between "physician" and "provider." Many of the family of family medicine organizations, including the American Academy of Family Physicians (AAFP), have long-standing policies dating back at least 20 years to address this conflation.³

It shall be the policy of the AFMRD to use the term "physician" rather than "provider" in all official communications, policies, and other documentation of the organization's business, or in communication with other organizations that represent the family of Family Medicine. We implore all who read this article to do the same. Our members, our trainees, and most importantly our patients deserve the clarity and specificity that using the correct word to describe a physician provides.

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