California Academy of Family Physicians

POLICY COMPENDIUM

Workforce Policies

CAFP
California Academy of Family Physicians

WORKFORCE

This section contains policy about workforce issues. This includes scope of practice, physician wellness, medical student recruitment, and more. Developing a strong workforce is key to family medicine and ensuring a strong primary care pipeline.

30.01 FM / OB Collaborative Issues

Back-up / Consultation

CAFP believes any specialist or any group of specialists with expertise on a hospital's medical staff should be willing to provide consultation or back-up to family physicians with privileges in the same clinical area. *(BoD 6/1992)*

Topic: privileges

Cooperative Practice

Adopt a statement on Cooperative Practice Between Family Physicians and Obstetricians in Maternity Care, jointly supported by the CAFP and the American College of Obstetricians-Gynecologists, District IX, regarding back-up for obstetrical services. *(BoD 10/1993)*

CAFP members who provide obstetrical care be urged to formalize back-up agreements with OB-Gyns and to report any cases of acceptance and non-acceptance on the part of OB-Gyns back to CAFP, and that CAFP actively solicit this feedback, using the appropriate mechanisms, and report back to the Board by February 1996. *(CoD 1/1995)*

Interspecialty Conflict Resolution

Utilize the FP/OB Task Force as an Interspecialty Conflict Resolution Body to identify and mediate problems between the two specialties. *(BoD 6/1995)*

30.02 Funding for Family Medicine Residency Programs

Support Family Medicine GME Finance Reform

CAFP supports reforms to state GME funding programs in California that prioritize funds for Family Medicine programs and change eligibility criteria to be based on program need, provision of care to underserved populations, and recruitment of trainees who reflect the patients served, reported on an annual basis, in order to strengthen primary care residency training and maintain a pipeline of well-trained primary care physicians to care for Californians in every corner of the state. *(BoD 4/2026)*

Funding for Family Medicine Residency Programs

CAFP work with state legislators to develop new strategies to support family medicine residencies in good standing within the state of California;

CAFP current funding sources and continue to explore possible additional funding sources to support family medicine residencies in good standing within the state of California and disseminate this information to these residencies;

CAFP work with AAFP and other organizations including the AMA, family medicine residency programs, and other organizations to explore alternative funding sources at the state and federal level for graduate medical education. *(BoD 11/2005)*
Topic: graduate medical education

Family Medicine Residency Capacity in Underserved Communities
CAFP advocate for adequate health manpower in the state, particularly in underserved areas. *(BoD 1998, updated 9/2026)*

Song-Brown Funding
CAFP work with other organizations, including CMA, to support continuation and augmentation of Song-Brown funding as a policy priority. *(1/1991, updated 9/2026)*

Work to preserve Song-Brown funding and continue to explore other funding strategies as they materialize. *(BoD 10/1994)*

Latino Physician Representation
CAFP recognizes that Latino physicians are underrepresented in the California workforce and supports efforts to address the disparity, and be it further

CAFP advocates for creation and continuation of Hispanic/Latinx structural policies that help improve the number of Latino/Latina Physicians, such as the Primary Care Residency (PCR) of Song-Brown Healthcare Workforce Training Program and the California Medicine Scholars Program. (*BoD 5/2025)*

30.03 Medical Student Recruitment and Student Loan Debt

Forums at Medical Schools
CAFP-Supported Primary Care Forums at Medical Schools:

- First year students would be encouraged to attend these annual events, to be held at the beginning of the academic year.
- Local family physicians would be present to respond to student questions; their attendance would be coordinated by local chapters.
- Medical school departments and Family Medicine Interest Groups (FMIGs) would handle on-site logistics. *(BoD 6/1992)*

Increasing Underrepresented Minority Representation in Medical Education by Establishing a Mentorship Program
That subject to available staff and budgetary resources, CAFP and/or CAFP Foundation expands upon its efforts to increase representation in medicine by establishing a longitudinal mentorship program or utilizing existing programs targeted towards those underrepresented in medicine. *(BoD 6/2021)*

Medical Student Debt Reform
CAFP supports legislation that encourages primary care specialization by reducing the debt burden of past and current medical student borrowers, reducing the interest rate of medical student loans and removing the adjusted gross income cap to qualify for medical student loan interest payment tax deductions. *(BoD 7/2016)*

State Student Loan Repayment Programs
CAFP supports policies that increase access to state administered loan programs covering up to the cost of attendance to support medical students with financial need who plan to practice in primary care specialties.

CAFP opposes student loan borrowing limits. *(BoD 4/2026)*
Topic: student debt

30.04 Physician Wellness

Confidential Support Resources for Physicians with Impairing Illnesses
CAFP advocate for a California Physician Health Program that is confidential and aligned with national best practices; and be it further

CAFP supports access to online resources designed to assist physicians experiencing mental health conditions or other potentially impairing illnesses, including guidance on navigating hospital credentialing, medical licensing, and other professional responsibilities while seeking treatment. *(BoD 4/2026)*

Impaired Physicians
The California Medical Board has taken the position that physicians who, after investigation, are found to suffer from drug or alcohol impairment and who voluntarily agree to treatment and monitoring by the hospital, must be reported under Section 805. Section 805 reports are sent to the National Practitioner Data Bank, often resulting in total loss of contracts to provide health care with health plans. This approach, therefore, discourages physicians from seeking treatment and presents the reintegration of good doctors into medical practice. CAFP supports efforts that would seek optimal methods of treating impaired physicians.

CAFP also supports efforts to develop early intervention programs that would promote voluntary rehabilitation of the physician with minor practice deficiencies.
Topic: licensure

Physician Health Services
Endorse the California Public Protection and Physician Health Organization Guidelines for Selecting Physician Health Services (for impaired physicians) because they may help hospitals, medical groups or wellness committees organize an approach to assisting physicians in need of health services. *(BoD 11/2012)*

Physician Wellness as a Quality Measure

CAFP advocates for improving the work-life balance of health care providers, and supports making physician wellness a quality measure for healthcare systems. *(BoD 4/2018, updated 9/2026)*
Topic: quality measures

Wellness Curriculum Development for ACGME Training Programs
CAFP supports the development of a wellness curriculum toolkit for family medicine residency programs. *(BoD 7/2023)*
Topic: graduate medical education

30.05 Scope of Practice

Independent Practice of Non-Physician Clinicians
CAFP recognizes nurse practitioners (NPs), certified nurse midwives (CNMs) and physician assistants (PAs) as health care providers. NPs, CNMs and PAs work collaboratively with, and under the supervision of, physicians in providing quality health care. CAFP opposes independent practice of NPs, CNMs and PAs. *(BoD 5/1993)*

Naturopathic Doctors
CAFP opposes any expansion of naturopaths' scope of practice that is not supported by naturopathic education and training. Naturopathic education and training do not prepare naturopaths to safely or effectively prescribe medications, perform physicals for school or employment or perform surgical procedures.

A naturopath must not be allowed, under any circumstances, to use the title "physician," nor should a naturopath ever be considered a "primary care physician."

Public and private payers must not be compelled or mandated to pay for naturopathic services.

Training programs preparing naturopaths should be monitored constantly to assure the quality of the training provided, as is the case with the training for all other providers offering health care services to patients. *(BoD 11/2012)*

Nurse Midwives
CAFP recognizes the contribution of Certified Nurse Midwives to the care of the people of California; advocates that Certified Nurse Midwives working in acute health care settings practice only in situations that include appropriate back-up and referral resources, physician supervision as appropriate and documented measures for quality assurance; and does not support direct, independent admitting privileges for Certified Nurse Midwives. *(CoD 2/1996)*

Nurse Practitioner Policy Principles

- A non-physician health professional's scope of practice should correspond to, but not exceed, his or her level of knowledge, skill, experience, licensure and training (using competency training measures). A non-physician health

professional should never independently deliver care that requires the higher level of education and clinical training of a physician.

- Expansion of scope should not jeopardize the efficacy of any practice or safety of any patient, and must not result in a lower standard of care nor create or further "silos" of care. In team-based models, workflow process redesign should focus on maximizing the capacity of each team member to provide appropriate care, as well to decrease errors and improve quality and access.
- Health professionals should work collaboratively in physician-directed team-based models such as patient-centered medical homes. These models use every member of the team to the fullest capacity of his/her training and skills. They lead to collaborative relationships between physicians, nurses and other health professionals.
- Expansion of scope should only take place within the context of standardized protocol or a written/verbal collaborator agreement. Professional liability should remain commensurate with the level of responsibility and independence of practice of each health professional.
- CAFP supports a greater focus on, and support for, team-based training in physician residency programs.
- CAFP supports increased investment in the recruitment, education, team-based training, and retention of all members of the primary care team (primary care physicians, nurses, physician assistants, and others).
- CAFP believes in a multi-pronged solution to the primary care physician shortage that includes the increased use of efficient team-based models, investment in recruitment, education, team-based training and retention of all members of the primary care team, and valuing primary and preventive care by changing the primary care physician pay structure. The expansion of scope of nurse practitioners is not the solution to the primary care physician shortage.

Nurse Practitioner Scope of Practice Policy Principles

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- A non-physician health professional's scope of practice should correspond to, but not exceed, his or her level of knowledge, skill, experience, licensure and training (using competency training measures). A non-physician health professional should not independently deliver care that requires the higher level of education and clinical training of a physician.
- Expansion of scope should not jeopardize the efficacy of any practice or safety of any patient, and must not result in a lower standard of care nor create or further "silos" of care.

- CAFP supports increased investment in the recruitment, education, training, and retention of all members of the primary care team (primary care physicians, nurses, physician assistants, and others).
- CAFP supports a greater focus on, and support for, team-based training in residency programs.
- CAFP believes in a multi-pronged solution to the primary care physician shortage that includes the increased use of efficient team-based models, investment in recruitment, education, training and retention of all members of the primary care team, and valuing primary and preventive care by changing the primary care physician pay structure. The expansion of scope of nurse practitioners is not the solution to the primary care physician shortage.
- Expansion of scope should only take place within the context of standardized protocol or a written/verbal collaborator agreement. *(BoD 5/2011)*

Support NPs and PAs in their efforts to increase their primary care workforce, whether through Song-Brown or a separate vehicle, except when these efforts compete with efforts to increase the family medicine workforce. *(BoD 11/2014)*

Principles on the Independent Practice of Medicine by Nurse Practitioners

California's family physicians are on the frontline of health care, providing care to millions of men, women and children in communities large and small, rural and urban, wealthy and poor. One in five physician office visits takes place with a family physician and extensive evidence proves that primary care provides exceptional value for health care dollars. Family physicians save lives and costs.

Nurse practitioners (NPs) are valuable health care providers whose scope of practice should correspond to, but not exceed, their level of knowledge, skill, experience, licensure and training (using competency training measures), and an NP should never independently deliver care without obtaining the higher level of education and clinical training of a physician.

CAFP considers ordering and interpreting diagnostic procedures, certifying disability, and prescribing, dispensing, and administering controlled substances to be the practice of medicine. CAFP believes that it is of utmost importance that consistency of standards and regulations be maintained in the regulation of the practice of medicine in California.

CAFP's position on any proposed legislation and/or regulation that seeks to expand the ability of NPs to practice medicine independently of physician supervision will be guided by core principles related to establishing consistency of standards and regulation, as well as the ability of the proposal to address the problems it purports to resolve, including but not limited to: access to primary care, cost of care, quality of care, and the overall sustainability of the primary care workforce. Any such proposal must demonstrate that it establishes or accounts for the following provisions:

Educational standards

1. A uniform, consistent education program to attain NP certification.
2. A uniform, consistent education program to attain independent practice following NP certification, such as or equivalent to completion of training within an accredited residency training program and appropriate testing for the practice of medicine. Residency training, or its equivalent, must include sufficient primary care hours and patient visits in multiple settings of varying acuity to ensure direct observation of clinical proficiency.
3. Initial and ongoing maintenance of certification specific to primary care.
4. Compensation for education, training and practice supervision of NPs by family physicians.

Regulation and oversight

5. Regulation and oversight by the Medical Board of California.

Liability

6. Obtaining and maintaining sufficient liability insurance.

Bar on the corporate practice of medicine

7. Compliance with California's bar on the corporate practice of medicine.

Provision of primary care to underserved populations

8. A requirement of licensure to remain in primary care as opposed to sub-specialization.
9. Incentives to practice in underserved geographic areas and/or delivery of service to underserved populations.
10. Prospective and ongoing analyses of quality of care, cost of care, health care utilization, and provider and patient satisfaction, upon starting independent practice.

Uniformity of requirements

11. Application of the above provisions to NPs relocating to California from a state with independent practice authority. *(BoD 11/2019)*