AAPOS Position Statement on Professional Titles and the Use of the Term "Provider"

Words matter. In medicine, they shape how patients understand their care, how physicians view their profession, and how society values the years of education and responsibility required to become a physician.

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) believes physicians should be identified by their profession—not by generic administrative terminology. Whenever possible, pediatric ophthalmologists should be referred to as **physicians, ophthalmologists, pediatric ophthalmologists**, or **surgeons**, rather than as "providers."

The term *provider* arose from the language of reimbursement and health care administration. It serves a purpose in contracts, insurance regulations, and billing systems, where it encompasses many individuals and organizations that deliver health-related services. That administrative usefulness, however, should not dictate how physicians are described to patients or within our profession.

Following four years of college, pediatric ophthalmologists complete four years of medical school, one year of internship, three years of ophthalmology residency, and at least one year of fellowship training devoted to the medical and surgical care of children with eye disease. The word *provider* does not convey that expertise, nor does it reflect the ethical and professional obligations assumed by physicians. It also fails to recognize the unique training and contributions of other members of the health care team, each of whom deserves to be identified accurately.

Patients increasingly receive care from multidisciplinary teams. AAPOS strongly supports this collaborative model. Collaboration, however, is strengthened—not weakened—when every professional is identified by his or her actual role. Referring to an orthoptist as an orthoptist, an optometrist as an optometrist, a nurse practitioner as a nurse practitioner, and a physician as a physician, promotes transparency and helps patients make informed decisions about their care.

There is another reason this conversation matters.

Pediatric ophthalmology is experiencing a growing workforce shortage. Recruiting talented medical students and residents into a demanding surgical subspecialty requires more than competitive compensation. It requires preserving the identity and meaning of the profession itself. Language that reduces physicians to interchangeable participants in a health care delivery system risks diminishing the value of the extensive education, judgment, and accountability that defines medical practice.

AAPOS therefore encourages hospitals, academic medical centers, insurers, electronic medical record vendors, and governmental agencies to use profession-specific titles whenever feasible. Generic terminology may be appropriate in legal, regulatory, or reimbursement contexts, but it should not become the default language of clinical medicine.

This recommendation is not intended to elevate one profession above another. Rather, it affirms that every member of the health care team deserves to be identified accurately and respectfully.

Precision in language promotes transparency, professionalism, and trust—qualities that remain central to the physician-patient relationship.