

## **PRIMARY CARE AND ACUTE CARE CERTIFIED NURSE PRACTITIONERS 2013**

This document was developed in collaboration by a multi-organizational work group. The National Organization of Nurse Practitioner Faculties facilitated the discussions of the work group over an 11-month period for the drafting and review of the document. The work group solicited feedback from several nurse attorneys and, after incorporating the feedback from the review, hosted two focus group conference calls to seek input from employers on the clarity and usefulness of the document. The focus groups included representation by employers of primary care and acute care nurse practitioners. Based on the positive response from both focus groups, the work group finalized the document in March 2013.

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## PRIMARY CARE AND ACUTE CARE CERTIFIED NURSE PRACTITIONERS 2013

This document is meant to serve as a resource for individuals and organizations that employ or contract with primary care and acute care certified nurse practitioners (CNPs). The content is based on the 2008 *Consensus Model for APRN Regulation*,<sup>i</sup> a nationally-recognized proposal that identifies standards for the education, practice, certification, and licensure of CNPs and other advanced practice registered nurses (APRNs). The Consensus Model is a new regulatory framework applicable to the training and credentialing of CNPs in the future. It is not intended to restrict or otherwise adversely impact CNPs who currently are duly credentialed and practicing in accordance with their state practice acts, which differ across the nation.

The Consensus Model describes the acute and primary care distinctions of the NP role:

*The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies.*

Under the new regulatory framework, CNPs entering the profession would be expected to complete graduate degree or post-graduate educational programs offered by academic institutions with national nursing accreditation. The academic programs prepare candidates to master national, consensus-based competencies in the NP role and at least one population focus.<sup>ii</sup> This document specifically addresses adult-gerontology and pediatric foci that are further designated as primary care or acute care. The following information is applicable in general to primary or acute care Adult-Gerontology or Pediatric CNPs across all practice settings.

### Scope of Practice

- The scope of practice of a CNP, like any health care professional, arises from state law and sets forth the parameters of the clinical services and level of care a CNP may provide to a patient.
- CNPs are accountable to patients, employers, the nursing profession and the state for the following: rendering competent advanced nursing care, practicing within limits of knowledge and experience, planning for the management of situations beyond his or her own expertise, consulting with or referring patients to other health care providers as appropriate, and for complying with the requirements of all state laws and regulations that impact their scope of practice.
- The scope of practice of the CNP continues to evolve in response to changing societal needs, nationally established competencies, and standards of practice. The evolution of scope of practice is inherent in our healthcare system<sup>iii</sup> and, in time may be reflected in the state's nurse practice act.
- Assuring congruency between educational preparation, licensure, certification and practice should be a shared responsibility of the CNP and an employer.

### Patient Care Needs

- Primary care CNPs and acute care CNPs care for patients at different ends of the health continuum with overlap occurring in the middle of this continuum. An activity within a primary care CNP skill set does not necessarily preclude it from being within an acute care CNP's skill set and vice versa.
- The patient's condition and acuity level are the primary factors in determining the most appropriate CNP to manage the patient's health care needs, not the setting of care. Neither a primary care CNP nor an acute care CNP is restricted to providing care in any particular setting.

- The primary care and acute care CNP roles are further delineated based on the patient populations they primarily serve. National consensus-based competencies exist for CNPs who focus on the care of adult-gerontology and pediatric populations.  
(see <http://www.nonpf.org/displaycommon.cfm?an=1&subarticlenbr=14>)

### **National Certification**

- National certification examinations measure entry-level knowledge of the CNP role in a patient population.
- Some graduate education programs prepare the individual in both the acute care and primary care NP roles (either pediatric or adult-gerontology). Graduates of dual track programs, or individuals who have completed two distinct educational programs in primary care and acute care, are eligible to sit for both the primary care and acute care certification exams in pediatrics or adult-gerontology. Under the new Consensus Model, dual certification is necessary to serve as both primary care and acute care provider of record.
- National certification and educational preparation as a CNP is central to licensure and recognition as a CNP. Previous work experience as an RN does not substitute for the population foci of the CNP's education and certification if there is a mismatch when CNP employment is sought.

### **Grandfathering in Regulation**

- The intent of the Consensus Model is that CNPs who are recognized by the state when the new regulatory framework is implemented in that state will remain eligible to practice even though they may not meet all elements of the new framework.
- Nevertheless, the availability of a grandfathering clause to a licensee may be conferred only by the state in which the CNP wishes to practice.

### **Continuing Professional Development**

- Patient healthcare needs and interventions are complex and constantly changing requiring all CNPs to engage in lifelong learning and continuous professional development. The CNP must engage in life-long learning to maintain current expertise and deliver best care practices for his/her patients.
- Additional skill development and/or specialization may add value to CNP practice and may be obtained through a variety of educational activities found within an institution or offered by another entity.
- Evidence of continuing professional development is documented through ongoing education and maintenance of national certification.

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<sup>i</sup> APRN Consensus Work Group & the National Council of State Board of Nursing APRN Advisory Group. (July 7, 2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education*. Available at <http://www.nonpf.org/associations/10789/files/APRNCConsensusModelFinal09.pdf>

<sup>ii</sup> NP population foci are adult-gerontology, family/individual across the lifespan, neonatal, pediatric, psychiatric mental-health, and women's health/gender-specific.

<sup>iii</sup> National Council of State Boards of Nursing. (January 2012). *Changes in healthcare professions' scope of practice: Legal considerations*. Available at [https://www.ncsbn.org/Scope\\_of\\_Practice\\_2012.pdf](https://www.ncsbn.org/Scope_of_Practice_2012.pdf)