Panel Discussion:

What Attaining & Maintaining Certification Means

NCSBN APRN Roundtable
April 4, 2017
Consensus Model Intentions

• “Education, certification and licensure of an individual must be congruent in terms of role & population foci”

• “Individuals who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus of practice for regulatory purposes.”

• “APRNs may specialize but they cannot be licensed solely within a specialty area”
The Role of Certifiers

- Certifiers construct the exams based on nationally recognized standards of nursing practice and scopes of practice developed by the membership organization plus periodic job task analysis research.
- Certification exam programs must be accredited and meet rigorous psychometric standards related to validity and reliability.
- Licensure validates the clinician’s minimum level of competence and APRN certification exams have emerged as a regulatory mechanism for entry into practice (Stanley).
- Certifiers require that education match the certification being sought.
Requirements for APRN Certification Maintenance

Per the Consensus Model’s Foundational Requirements for Certification:

Certification programs providing APRN certification for licensure will be accredited by a national accreditation body, enforce congruence between the education and certification and provide a mechanism to ensure ongoing competence and maintenance of certification.
Requirements for APRN Certification Maintenance

ABSNC and NCCA are the national certification accrediting bodies:

- **Accreditors require recertification/renewal programs**
- **Accreditors do not dictate the interval, the process or the requirements**
- **Certifiers must provide rationales for recertification program policies to both NCCA and ABSNC**
Population Foci: Acute Care (AC) or Primary Care (PC)

2012 NONPF Statement on AC/PC NP Practice

- Earlier work group recommended that “the distinction between primary and acute care be made at the level of the population served by the CNP.”
- Currently, the only two population foci with AC/PC distinctions are pediatrics and adult-gerontology.
- CNPs should be regulated according to the services they perform for a patient population. Focus of care is based on patient care needs, not the setting.
- The severity of symptoms determines which provider is most appropriate.
Becoming certified in a new AC or PC population foci

A primary care educated and certified PNP who wants to care for unstable, critical or complex pediatric patients will need a post graduate certificate or post masters DNP as an NP in acute care pediatrics to become certified and licensed as an acute care PNP.
Population Foci: Becoming certified in another population

2016 National Task Force Criteria (NTFC)

- Outlines the special considerations for NPs returning for a post grad certificate or academic degree in an NP population-focused area:
  - in which they are not currently practicing or certified or
  - in an area in which they currently practice but are not certified

- Students may challenge selected courses and experiences. However, the faculty must document the process for assigning credit through the use of a gap analysis.
Becoming certified in another population

A PNP educated and certified in primary care who wants to care for unstable, critical or complex care neonates will need a post graduate certificate or post masters DNP as an NP in neonatal to become certified and licensed as an NNP.
Overlap

- There will be overlap in competencies within the six population foci and within acute care and primary care.
- There is overlap in age groups. “Age parameters for practice are only one criterion for population care and should not be the sole arbiter for optimal, safe, and quality care.” (NAPNAP)
- APRNs with different scopes of practice also work in similar settings, e.g. ED. “It is inappropriate and restrictive to regulate acute and primary care CNP scope and practice based on settings. Regulation should be based on educational preparation, certification and scope of practice.” (NONPF AC/PC Statement)
Scope of Practice

Nurse Practice Acts regulate the individual’s scope of practice, which can be defined as the rules, regulations and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge and experience may practice. 

(Pew Health Professions Commission)
When Employment Doesn’t Align

- “Although some employers may be willing to credential CNPs to practice beyond educational preparation and certification, the CNP and the employer have joint responsibility for adhering to scope of practice.” *(NONPF AC/PC Statement)*

- The CNP is responsible for adhering to scope of practice as determined by state licensure regulations. *(NONPF AC/PC Statement)*

- Care providers need to know whether clinical privileges awarded by a facility are in accordance with the state’s nurse practice act. *(Stanley)*
References

- 2008 Consensus Model

- 2012 NONPF AC/PC Statement

- 2016 NTFC for Evaluation of Nurse Practitioner Programs

- 2014 NAPNAP Position Statement on Age Parameters
  http://www.jpedhc.org/article/S0891-5245(14)00077-7/pdf

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