



American Association of Nurse Practitioners  
Gerontological Advanced Practice Nurses  
Association National Association of Pediatric Nurse Practitioners  
National Association of Nurse Practitioners in Women's Health  
National Organization of Nurse Practitioner Faculties

## **The Nurse Practitioner Roundtable Position on Post-Licensure Clinical Training**

Nurse Practitioners (NPs) graduate from nationally accredited graduate educational programs fully prepared to provide high-quality, evidenced-based, and cost-effective care to geographically diverse populations. No additional or supplemental academic, clinical, or supervisory hours are warranted or required to ensure that NPs deliver safe patient services in primary, acute and specialty care. Decades of research demonstrate that NPs improve patient access, and deliver high-quality and cost-effective health care throughout the U.S. The recommendations in this paper are based on more than 50 years of patient outcomes and peer-reviewed clinical research that have demonstrated that NPs consistently provide safe, high-quality, competent affordable health care. There should be no post-licensure requirement such as a residency.

### **Evidence-based Recommendations**

- NPs are prepared to be fully licensed providers upon graduation and successful completion of their national board certification. No added academic clinical or supervisory hours are necessary for the safe provision of patient care. Mandating such requirements are without evidence and have been identified as unnecessary, costly barriers to workforce development and expanding access to patient care.
- Optional opportunities for post-licensure clinical training for both new graduates and seasoned clinicians may serve to support practice transitions. An individual cannot use post-licensure clinical training to move into a new NP population focus of practice.
- The NP Roundtable promotes the use of the term “fellowship” to describe optional post-licensure specialty training programs. This prevents confusion and clarifies that NP licensure is not contingent on completing additional post-licensure training.

### **Nurse Practitioner Academic and Clinical Education**

Nurse practitioners complete a graduate nursing program that requires a mastery of nationally validated competencies and competency-based standards. Upon graduation, the new graduate is eligible to take an accredited national board certification test in their area of NP preparation and then obtain state licensure upon passage. Decades of peer-reviewed research substantiates the safety and quality of NP practice, underscoring the effectiveness of NP educational preparation for practice at the point of graduation and successful national certification.

NP graduate academic programs include didactic and clinical experiences to prepare students for clinical practice. Population-focused NP education tailors academic and clinical preparation to the needs of the specific patient population (e.g. family, pediatric [acute or primary care], women's health, adult-gerontology [acute or primary care], neonatal, and family psychiatric-mental health). Clinical hours are supervised by experienced clinical preceptors who emphasize the complexities of the health care delivery system, and interprofessional and independent practice.

### **Post-licensure Clinical Hours**

Post-licensure clinical hours are not required nor necessary for entry into practice. After graduation from an accredited graduate education NP program and successful passage of certification examinations, NPs are qualified to assume the full scope of responsibilities associated with independent licensure. Arbitrary regulations requiring NPs to complete any number of clinical hours after licensure under the supervision of or in collaboration with a physician or other health care professional create unnecessary, costly barriers to workforce development and affordable patient care.

### **Optional Fellowships and Post-licensure Clinical Training Programs**

Fellowships and any type of post-licensure clinical training programs are optional for NPs. Fellowships are not required for licensure into practice. Some employers, particularly larger health systems, may use the term fellowship as a substitute for an employer-designed, extended onboarding program. Fellowships in the nursing context are intended to orient the new employee to the complexity of the employer's unique healthcare setting and patient population. An individual cannot use post-licensure clinical training to move into a new NP population focus of practice as a substitute when certification in a patient population is required, such as between acute and primary care, or between family nurse practitioner and psychiatric mental health nurse practitioner.

### **Use of Term Residency**

The term "residency" is not accurate when applied to the NP profession. In NP academic preparation, clinical hours are under the supervision of an experienced preceptor are embedded in the academic program. Those clinical hours and focus are central to the education and practice emphasis of the NP (e.g., family, pediatrics, women's health, etc.). In medicine, a residency is a requirement to obtain licensure to practice and occurs after the physician has completed the general medical education program. In NP education clinical preparation is embedded throughout the educational program.

### **NPs: Valuable Providers**

NPs currently provide nearly one-fifth of all primary care services in the US and represent the fastest growing segment of the primary care workforce. In 2016-2017, over 26,000 new NP graduates completed formal graduate-level educational programs and joined the other 270,000 NPs in the healthcare workforce. Over two-thirds of NPs have received educational preparation in primary care, and collectively NPs positively impact access, quality, and cost-effectiveness of primary and acute health care of the nation.

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The NP Roundtable is a collaborative of national organizations representing the interests of the over 270,000 NPs in the US. The NP Roundtable advances common policy agenda and coordinates advocacy efforts on behalf of NPs. Since its formation in 2008, the NP Roundtable has developed common position and policy statements to articulate the perspective of the NP community. The participating organizations in the NP Roundtable are the American Association of Nurse Practitioners, the Gerontological Advanced Practice Nurses of America, the National Association of Pediatric Nurse Practitioners, the National Association of Nurse Practitioners in Women's Health, and the National Organization of Nurse Practitioner Faculties.