NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

STATEMENT ON ACUTE CARE AND PRIMARY CARE
NURSE PRACTITIONER PRACTICE
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Introduction

In the *Consensus Model for APRN Regulation*¹ (*Consensus Model*), patient safety is a key unifying link among the components of advanced practice registered nursing (APRN) regulation – licensure, accreditation, certification, and education (LACE). Nurse practitioners (NPs), as the largest group of APRNs, have a prominent role in addressing patient healthcare needs in the current and evolving US healthcare system. The alignment of the LACE components defines the NP scope of practice with the goal of public protection.² As described by the Pew Health Professions Commission, a **scope of practice** is the “definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice.”³ NP scope of practice should align with patient care needs and is based upon the individual NP’s role, as well as their population education and certification, both of which are derived from nationally vetted competencies. As part of an ongoing commitment to advance patient safety, this document aims to clarify the NP scope of practice, consistent with the Consensus Model,¹ and provide information and guidance on the distinction and overlap between the scope of practice of acute and primary care NP.

Application of the Consensus Model

A *Consensus Model* workgroup comprised of NP educators and representatives from NP certification organizations, working under the auspices of The Joint Dialogue Group, studied the overlap of NP acute and primary care competencies.⁴ Following substantial review and discussion, the workgroup identified a number of overlapping competencies between the two areas of practice. Unique competencies specific to the needs of the acute and primary care populations were also identified. Following an extensive review the workgroup recommended that the Consensus Model should retain only one role for the NP and that the distinction between acute and primary care practice should be made at the level of the population served by the NP such as adult-gerontology or pediatrics.⁴

A fundamental premise of the *Consensus Model* is that NP competencies are not specific to particular setting. Historically, the acute care NP practiced predominantly in the hospital setting while the primary care NP practiced primarily within a community setting; however, in today’s
changing healthcare system, boundaries based upon setting often overlap\textsuperscript{5}. Consequently, it is inappropriate and restrictive to regulate acute and primary care NP scope and practice based upon settings such as community, outpatient, emergency, or inpatient. Regulation should be based upon the NP’s activities in the healthcare system, educational preparation, national population-focused certification, and scope of practice.

Descriptions for the acute care NP (ACNP/AGACNP/ACPNP) scope of practice include care of patients who are “physiologically unstable, technologically dependent, highly vulnerable for complications, requiring frequent monitoring and intervention”\textsuperscript{6} and “…care (sic) that includes complex monitoring and ongoing management of intensive therapies in a variety of settings, including but not limited to inpatient and outpatient hospital settings, emergency departments, and home care settings.”\textsuperscript{7}

The primary care NP (ANP/AGPCNP/FNP/PCPNP) scope of practice encompasses delivery of longitudinal care for stable patients with an emphasis on comprehensive health maintenance and management of stable chronic conditions.\textsuperscript{6} Acute or primary care NPs may also specialize in an area such as orthopedics, neurology, or pulmonology. The primary care NP may serve as the admitting provider of a hospitalized patient and practice in a collaborative role in care delivery with acute care providers. As a consultant, the primary care NP guides targeted management rather than assuming responsibility for complete management of the patient. Thus, it is clear from these descriptions that there is an overlap in the NP’s practice activities when working in specialty services and settings. The determination of which NP preparation is better equipped to care for the population, acute or primary care NP, will be determined by the patient’s healthcare needs.\textsuperscript{5} Consequently, scope of practice is population-based and should be linked to educational preparation and corresponding NP certification, rather than being linked to care setting.

**Educational Preparation and Certification**

Most nationally accredited NP programs are limited to either acute or primary care and certification eligibility is based on the area of preparation; however, some schools offer dual preparation track programs which prepare NPs to provide the full range of acute and primary care to either pediatrics or adults. Graduation from a formal NP academic program allows the graduate to seek NP certification in the population focus that corresponds with the population focus of the NP program (e.g., family, adult-gerontology acute care, adult-gerontology primary care, neonatal, pediatric acute care, pediatric primary care, psychiatric-mental health, or women’s health/gender-related).\textsuperscript{8} It is the responsibility of the educational program director, the graduate, and certifying bodies to ensure that an individual will only be eligible for the certification in the NP population focus corresponding with the population focus of the NP program in which the individual has been educated.
Scope of Practice

Broadly speaking, NP scope of practice is regulated by the state. NP scope of practice is also formal NP educational preparation and certification in acute or primary care at the population focus level.

Nursing specialization (clinical practice experience or certification) at the registered nurse (RN) level, prior to NP education, does not substitute for formal education preparation or expand scope of practice as an NP. For example, a RN who practiced in critical care and then completes a primary care NP formal education program is not prepared to practice as an acute care NP. The individual would need to complete a formal acute care NP education program to be eligible for acute care certification and to practice as an acute care NP. An NP may attain education in a specialty area of practice which provides more in-depth or focused knowledge within his/her population focus. However, NP specialization based on clinical practice experience, continuing education courses or certification cannot replace educational preparation in the population foci and “cannot expand one’s scope of practice beyond the population focus”\(^1\).

Although some employers are willing to credential NPs to practice beyond graduate educational preparation, certification, and licensure, the NP and employer have joint responsibility for adhering to scope of practice. For example, some hospitals hire primary care NPs to work in the acute/critical care area of their emergency departments (EDs). However, given the primary care-focused NP educational preparation, a primary care NP should only see patients in ED fast track areas presenting with problems that are commonly seen in primary care (e.g., otitis media, minor injuries, and sprains). If primary care NPs are expected to provide care for patients who are “physiologically unstable, technologically dependent, highly vulnerable for complications, requiring frequent monitoring and intervention”\(^6\), then they would be practicing outside their scope of practice. Conversely, if an acute care NP is expected to provide longitudinal care for health maintenance in stable patients, then they would be practicing outside their scope of practice. To expand the scope of practice, an NP must complete formal postgraduate NP education and obtain certification in the new population-focus. An individual cannot use postlicensure clinical training (e.g., a postgraduate fellowship program or employment orientation program) to move into a new NP population focus of practice.\(^9\)

Acute and primary care NPs are prepared to deliver different types of care. The acute care NP educational preparation focuses on care that is characterized by rapidly changing clinical conditions or the potential for such conditions. The acute care NP provides care for patients with unstable or complex chronic, complex acute, and/or critical conditions. The main emphasis of primary care NP educational preparation is on comprehensive, continuous care delivery characterized by a long-term relationship between the patient and primary care NP for health maintenance and stable acute and chronic conditions. The primary care NP provides care for most health needs and coordinates the delivery of additional health care services that would be beyond the primary care NP’s area of expertise. Both acute and primary care NPs might treat patients with similar conditions, such as patients with diabetes and asthma; however, the
severity and instability or potential for instability of presenting symptoms might help to define the needed provider at any given time.

During the preparation of the Consensus Model, questions emerged regarding the nature of acute care and primary care NP practice. For acute care, the questions centered on whether or not acute care practice is merely a critical care specialization. As supported by the 2008 work group and current acute care NP competencies, acute care is not a specialization, nor is it limited to critical care. Instead, acute care NPs are expected to meet competencies that span the continuum of acute and severely acute unstable, complex chronic, and critical conditions.

Primary care is not limited to preventive care and health maintenance of the well individual, but also includes continuous care for patients with stable acute and/or chronic conditions. A review of competencies, practice standards, and curriculum content can further clarify the distinctions and intersections of primary care and acute care NP practice.5

Key Messages

- The appropriate NP provider is determined by patient care needs – not the care setting.

- Acute care NPs focus on restorative care characterized by rapidly changing (or the potential for rapidly changing) clinical conditions. The acute care NP provides care for patients with acute, critical, and complex chronic conditions.5,6

- Primary care NPs focus on comprehensive, continuous, or episodic care characterized by a long-term relationship between the patient and primary care NP. The primary care NP provides care for most health needs of stable patients and coordinates additional healthcare services beyond the primary care NP’s area of expertise. 10

- NPs are to be credentialed and privileged, based on formal academic education and certification, to provide care focused on the needs of a patient or population rather than the setting of care.

- An NP education program may focus on the acute or primary care needs of pediatric or adult and older adult patients. Alternatively, a program may offer dual track preparation to cover the full range of acute and primary care needs of patients in either of these age groups. Certification as both an acute and primary care NP requires the completion of both formal educational programs or a dual-track adult-gerontology or pediatrics program that prepares the graduate to meet all of the corresponding acute and primary care NP competencies.

- NP scope of practice must be tied to a formal academic education program and certification in the NP role and patient population and not based on pre-APRN education or pre-APRN clinical practice experience. An individual cannot use postlicensure clinical
training (e.g., a postgraduate fellowship program or an employment orientation program) to move into a new NP population focus of practice. Specialty-level education can provide in-depth knowledge in one’s practice within the established population focus but “cannot expand the scope of practice and role/focus beyond the population focus.”¹

- Certification must match an NPs formal educational preparation. Certification eligibility should correspond to the APRN academic educational preparation, and similarly an NP graduate is only eligible for the certification that corresponds with the population focus of their formal academic educational preparation.

- Both the acute care NP and the primary care NP might evaluate an acutely ill patient, but the severity of the symptoms determine which provider is the most appropriate and best matched to the patient’s acuity level.

- Patient safety is jeopardized when clinicians practice beyond their competency and outside of their scope of practice. Regardless of the willingness of some employers to allow and/or credential the NP to practice beyond their educational preparation and certification, the NP is responsible for adhering to their scope of practice, as determined by state licensure regulations.

Conclusion

NONPF affirms previous versions of this statement and asserts that differentiation between acute and primary care NP practice is based upon education and certification in a population. NONPF will continue to provide leadership in identifying national, consensus-based competencies that support the clarification of acute and primary care practice among NPs. NONPF shares a common goal of quality patient care outcomes and a commitment to promoting congruence between the Consensus Model and NP education.

References


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