NURSE PRACTITIONERS OF OREGON

Position Statement on NP Education and Post-Graduate Training

Background
With an increasing number of individuals accessing the health care system since the implementation of the Affordable Care Act’s individual insurance mandate, challenges face the health care system that will force the thoughtful evaluation and possible re-design of future healthcare delivery.

As the health care system begins to develop systems designed to address the growing demands for health care services, the increasing chronic disease burdens, and the aging population, it is important to recognize the value of providing full and direct access to the nurse practitioner (NP) services already available in our communities.

NP education at the graduate level has consistently provided highly qualified NPs. National NP program accreditation requirements, competency-based standards and certification exams ensure that NPs are prepare to provide, safe high quality patient care from graduation.

National discussions are ongoing regarding the need for transition to practice periods for NP licensure. These programs have been identified as transition to practice programs typically identified as residency. NP residency programs have been piloted in federally qualified health center (FQHC) settings and in the VA to provide an additional level of post-graduate training. Use of the term “residency” for programs of this type can create additional confusion as some NP training programs use the term to describe clinical practicum experiences embedded in the program. Additionally, some doctorate of nursing programs require the completion of a residency for all students, including those who already certified, licensed and practicing NPs, as part of the degree completion requirements.

A national roundtable created as a collaborative of national organizations representing the interests of NPs recently released a position statement on the necessity for transition to practice programs for the post-graduate NP, recognized as a fully certified and licensed health care practitioner.

The following recommendations, based on currently available evidence, were published as a result of the recent roundtable:

- NPs are prepared to be fully licensed providers at graduation. No added academic clinical or supervisory hours are necessary for safe patient care. Mandating a formal program after graduation is not necessary.
- NP graduates are highly competent clinicians with consistently strong patient outcomes. There is no evidence to justify additional delays to support mandatory post-graduate training or impose additional regulatory constraints to the new NP upon entry into practice.
• Post-Graduate orientation, currently identified as residency in FQHC, community health centers and the Veterans Administration (VA) health system, may offer opportunities to support transitions between practice settings, for both new graduates and seasoned clinicians in health disciplines, but cannot substitute for formal educational preparation. An individual cannot use post-graduate training to move into a new population focus area of practice or to move between acute and primary care practice.

• The national NP Roundtable promotes the use of the term “fellowship” for post-graduate preparation to define the existing programs in the VA and other similar proposed programs. This would help clarify that licensure is not contingent on completing these offerings and would prevent confusion with the medical model in which a residence is required for specialization and licensure. (Author’s Note: NP education, consisting of both didactic and clinic experiences, is population focused and as such is tailored to the needs of a specific patient population (family, pediatric, women’s health, adult-gerontology, neonatal and family psychiatric-mental health). Additionally, population training for both pediatric and adult-gerontology NPs has been further sub-divided into acute and primary care settings.)

The NP Roundtable does NOT believe that transition to practice programs are necessary to provide quality and safe health care.

Confusing this issue is the recent release of accreditation standards for transition to practice post-graduate programs by the American Nurses Credentialing Center (ANCC). The term to identify these programs by the ANCC is fellowship, consistent with the NP roundtable recommendation. However, the ANCC definition for the proposed APRN Fellowship program is that of a planned, comprehensive program through which currently licensed advanced practice registered nurses (APRNs) can acquire the knowledge, skills and professional behaviors to deliver safe, quality care that meets defined (organizational and professional society) standards of practice. Such programs may include organizational orientation but must include practice-based experience and supplemental activities to promote nursing professional development. This accreditation program is based on Benner’s Novice to Expert theoretical framework.

Recently passed legislation in Oregon provides for payment parity based upon existing levels of service codes, whether billed by physicians, NPs, or physician assistants. Additional legislation calls for the creation of a statewide credentialing program for all providers. Included is this program is a request for information regarding the completion of residency programs. Ongoing discussions are underway to address this issue for NPs, who are not required to complete a residency program prior to licensure.

Recommendations
The following recommendations are based on a review of the recommendations of the NP Roundtable, ANCC accreditation program guidelines and clinical research that has demonstrated that NPs provide high quality, competent care. Limited research has been conducted regarding the need for transition programs to insure a successful transition from novice to expert nurse practitioner, especially when dealing with an increasingly complex
primary care patient population. Literature documenting the results of existing transition to practice programs report that participants in the program progress from novice to expert sooner than those who do not complete such programs. Additionally, some nurse practitioners enter practice after completion of a master’s degree, while others enter practice after completing a doctoral program. Anecdotal evidence suggests that there is little difference in ability to manage health conditions for the novice nurse practitioner entering practice, regardless of their level of education.

Based upon the available information, the members of NPO’s Professional Standards Committee

- Concur with the conclusions of the NP roundtable that NPs are prepared to be fully licensed providers at graduation, with no regulatory need for physician supervision in order to deliver safe, quality care.
- Believe that current certification and licensure standards insure that NP graduates are competent clinicians with research supported quality patient outcomes, especially in the management of chronic conditions. Research has identified quality outcomes equal to, or in the management of some conditions, better than physicians.
- Concur with the conclusions of the NP roundtable that requiring the completion of a post-graduate residency program prior to licensure would create an unnecessary delay in the creation of new health providers and should NOT be a mandatory requirement prior to certification and licensure. The new NP has been deemed competent and legally recognized to practice upon attainment of licensure, which has been linked to completion of an accredited graduate (master’s or doctoral) program and successful certification in a particular population focus in either primary or acute care.
- Believe that transition to practice programs, i.e. residency, in the post-graduate setting, after obtaining certification and appropriate licensure, may be beneficial at assisting some novice nurse practitioners at progressing from novice to expert.
- Recommend that the term “fellowship” be utilized to identify post-graduate transition to practice programs to help clarify that licensure is NOT contingent on completing these offerings and would prevent confusion with the medical model in which a residency is required for specialization and licensure.
- Recommend that any post-graduate NP fellowship program be established using the guidelines established by ANCC accreditation guidelines.
- Believe that given the complexity of the needs of the primary care patient, given the increasing number of individuals with multiple chronic health conditions and an aging population, that the experience earned working as a registered nurse prior to education as a nurse practitioner is essential. The skills learned, and perfected, as a registered nurse help create and define a competent and skilled advanced practice provider that is capable of managing complex acute and chronic conditions with training that differentiates the nurse practitioner from other advanced practice providers such as physician assistants. Given this, we believe that a minimum of 2080 documented hours
working as a registered nurse should be required prior to being accepted into an accredited nurse practitioner educational program.

Respectfully submitted by the members of the Professional Standards Committee this 15th day of July 2014 for consideration by the NPO Board of Directors for approval.