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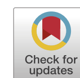
Navigating Population Foci and Implications for Nurse Practitioner Scope of Practice



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A B S T R A C T

Nurse practitioner (NP) scope of practice is broadly defined by national nursing policies. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education is the hallmark policy that establishes principles outlining the scope of practice for all APRNs. NPs must be familiar with The Consensus Model and with how professional organizations define the scope of practice for each of the 6 NP population foci. This knowledge is essential to support NPs practicing within their defined scope of practice.

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Nursing scope and standards of practice are developed by professional nursing organizations as part of their duty to the public and the profession to provide a framework to guide and evaluate nursing practice.[1] Such documents serve as the foundation for registered nurses and advanced practice registered nurses (APRNs) to provide safe and ethical practice. Although boards of nursing (BON) reference these documents during legal proceedings, they are guiding documents, and scope of practice is legally defined in state practice acts. What states enact may differ from national standards, resulting in state-by-state regulatory variation across the country. Further, understanding scope of practice for nurse practitioners (NPs) poses a unique challenge in large part due to the population-based structure of the profession. Simply understanding the scope of practice of one's own NP specialty is not enough. The overlap in NP roles makes it essential to understand each NP's scope of practice as defined by professional nursing organizations to maintain safe practice. The aim of this article is to provide NPs with information on scope of practice that can be used to guide daily practice.

APRN Consensus Model

Individual states have jurisdiction over APRN practice. As NP roles developed to meet patient care needs, there was wide variation in NP education and processes around NP specialization (eg, adult NP, family NP) and subspecialization (eg, critical care, oncology, rural health, palliative care).[2] In response, in 2008 a workgroup, convened by the National Council of State Boards of Nursing, developed a unified, standardized, comprehensive vision for APRN regulation. The result was the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (the Consensus Model).[3]

The Consensus Model defined the APRN role and established role and population foci. There are 6 population foci: adult-gerontology, family/individuals across the lifespan, neonatal, pediatric, psychiatric/mental health, and women's health/gender related.[3] The adult-gerontology and pediatric NP roles established acute and primary care foci.[3] The Consensus Model states that scope of practice is not defined by the patient's physical location but rather the patient's needs.[3] This definition requires NPs to understand their professional scope of practice as defined by their respective NP organization as well as their APRN colleagues' scope of practice to determine who can most appropriately meet a patient's needs while providing safe patient care.

An overarching goal of The Consensus Model was to align APRN education, certification, and licensure promoting patient safety.[3] State boards of nursing, universities, accrediting agencies, and certifying bodies use this framework to guide alignment of APRN education, certification and licensure. These 3 components form the basis of scope of practice, and we collectively refer to them as the Pillars of Scope of Practice (see Figure). Subsequent adoption and implementation by state boards of nursing have been faltering and incremental, as changes to state nursing practice acts often take numerous legislative session and result in only marginal practice gains.[3,4] More than 10 years after introduction of the Consensus Model, 8 states still do not recognize the title APRN, a minority allow independent prescribing or practice, and mandatory, supervised transition-to-practice hours are increasingly common as a pathway to Full Practice Authority.[5,6] However, state-by-state efforts to implement the Consensus Model have been a significant focus of APRN legislative efforts across the country.[7]

The Scope of Practice Challenge

NP's role delineations allow one to specialize and develop expertise in a population focus; however, the boundaries between roles are ambiguous. Understanding when one population-focused

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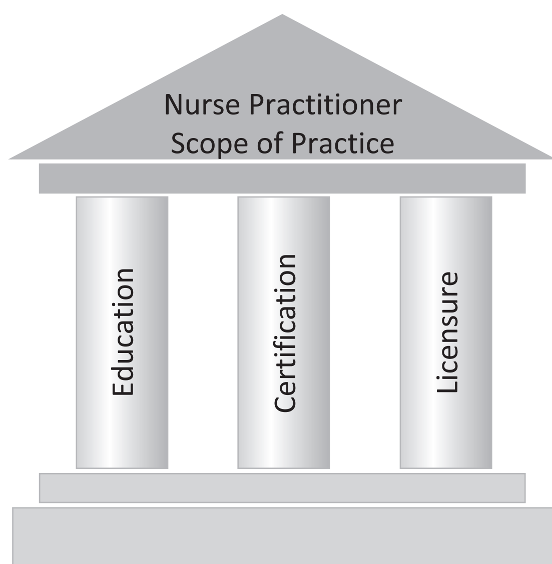

Figure 1. The pillars of scope of practice.

role stops and the other begins can be a challenge for NPs but is essential to ensure that one's practice is within the defined scope. Common questions about aligning NP population focus and patient care needs highlight the struggle NPs, physicians, and employers experience as they try to understand alignment (see Table). These questions underscore the need for ongoing education on scope of practice for the profession, physician colleagues, and employers.

Although each state may have different expectations for implementation of scope of practice, the universal requirements are provided to NPs through national nursing policies. The foundation for NP scope of practice is rooted in the scope and standards of care, white papers, and position statements developed by national professional nursing organizations such as the National Organization of Nurse Practitioner Faculties (NONPF), American Association of Colleges of Nursing, and other specialty nursing organizations. Nurse practitioners have a responsibility to know the breadth of scope to ensure safe and appropriate practice. We present the population foci scope of practice for NPs recommended by national nursing bodies, although not uniformly what states have adopted.[6,8] As APRN legislative efforts further the implementation of the Consensus Model, the following provides the reader with knowledge to align their practice with their education, certification, and licensure.

Nurse Practitioner Scope of Practice

To meet the need of all NPs, the American Association of Nurse Practitioners (AANP) provides a general overview of NP scope of practice in a paper titled "Discussion Paper: Scope of Practice for Nurse Practitioners."[9] This document defines NPs as "licensed, independent practitioners" who provide care in a variety of clinicals settings.[9,p.1] NP practice includes the diagnosis, evaluation, and management of acute, chronic, and complex health problems.[9] Furthermore, NPs provide education, counseling and promote health and disease prevention to individuals and families.[9] AANP goes on to explain that NPs are expected to practice in alignment with an ethical code, national certification, and current practice standards and apply an evidence-based approach to the care they provide.[9] Although AANP defines NPs as licensed, independent practitioners and NPs are academically prepared for independent roles, only 23 states, the District of Columbia, Guam, and the Northern Mariana Islands allow NPs full practice authority.[10]

Acute and Primary Care Certifications

In 2012, NONPF published "Statement on Acute and Primary Care Certified Nurse Practitioners."[11] This document delineates differences between primary care and acute care NP roles. Primary care focuses on "comprehensive, chronic, continuous care characterized by a long-term relationship between the patient and primary care CNP (certified nurse practitioner). The primary care CNP provides care for most health care needs and coordinates additional health care services that would be beyond the primary care CNP's area of expertise."[11(p5)] This definition characterizes the scope and practice of all primary care trained NPs. There are numerous practice settings for primary care NPs, including newborn nurseries, school-based health clinic, patient homes, ED fast track areas and skilled nursing facilities among others.

Acute care NP (ACNP) roles involve "restorative care that is characterized by rapidly changing clinical conditions."[11(p5)] ACNPs provide care to patients with complex acute, critical, and chronic illness, disability, or injury.[11] In alignment with the Consensus Model the scope of practice of ACNPs is not defined by the patient's physical location but rather by the patient's needs, and these NPs may operate within their scope of practice regardless of the location of the patient.[3,11] Providing care for a patient who is ventilator dependent in a nursing home or for a patient in their home who has a left ventricular assist device is as much within the ACNP's scope of

Table 1
Common Questions Related to NP Population Foci and Scope of Practice

Patient Population Questions	Clinical Setting Questions
• Can women's health NPs evaluate high-risk pregnant women presenting with pregnancy related complications? • My employer is training family NPs to manage continuous renal replacement therapy in the ICU setting. Is this within the family NPs' scope of practice? • Can adult gerontology acute care NPs treat a 14-year-old? • My employer required that family NPs complete the Society of Critical Care Medicine's critical care review course to prepare to take care of COVID-19 patients in the ICU. As a family NP, can I care for COVID-19 patients in the ICU? • I am a family NP and providing palliative care services in the inpatient setting. Is this role within my scope of practice as a family NP? • I am a neonatal NP. Can I work in a complex care outpatient clinic seeing patients after discharge from the neonatal ICU? • Why is the scope of practice limited for NPs when it is not for a physician assistant?	• Can an adult gerontology acute care NP work in a family practice if they only care for adult patients? • I became a family NP because I was told that I could do anything. Why am I being told I cannot work in the main emergency department? • I am a family NP, and the hospital where I am employed requires that I go back to school to get my adult-gerontology acute care NP certification. Why am I not able to provide inpatient care as a family NP? • Can a Women's Health NP work as a hospitalist? • I work in Louisiana, and they do not limit family NPs practice to primary care. Do national nursing scope and practice definitions still apply? • I am a primary care pediatric NP with 15 years of nursing experience in the pediatric ICU. Can I work in the pediatric ICU if I complete the hospital fellowship program?

ICU = intensive care unit; NP = nurse practitioner.

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practice as caring for a patient in the critical care setting who is on the massive transfusion protocol for hemorrhagic shock.

Although this conceptualization of scope of practice precludes an ACNP from primary care practices and a primary care CNP from critical care practice, for example, both are well positioned to care for patients in subspecialty practice sites.[11] Often the care provided in these sites aligns with NONPF's definition of primary care; however, the chronic nature of the illnesses experienced by these patients is complex and well within the scope of practice of an ACNP. This is an example of an overlap between the scope of practice of a primary care CNP and an ACNP.[11] Understanding where the overlap starts and ends is imperative to prevent acute and primary care NPs from extending beyond their defined scope.

Family NP

Defining the scope of practice of the family NP (FNP) requires integration of multiple national nursing policies. Unlike the other NP roles, there is not 1 dedicated professional organization that solely defines the scope of practice for the FNP. FNPs are educationally prepared to provide care across the lifespan to families and individuals.[12] Their role includes providing wellness care and the evaluation, diagnosis, and management of chronic conditions and stabilization of acute conditions.[12] We are not aware of a specific document which provides a specific age range for the FNP role; however, the term "lifespan" presumes patients of all ages.[12]

On the basis of national nursing policies, we propose a concise statement to define the FNP scope of practice. The FNP is educationally prepared, certified, and licensed to provide primary care services, in all settings, to individuals and families, from birth to end of life. Regardless of the setting, the FNP scope of practice includes the delivery of care traditionally considered in the realm of primary care.[11] Although the FNP is not trained to provide care to those individuals who meet the scope of practice definition of the ACNP (adult gerontology or pediatric), they may still provide care for these individuals provided that they are not managing the acute condition, complication, or decompensation that requires the ACNP's expertise.

Adult Gerontology Primary Care NP

Like the FNP, the Adult Gerontology Primary Care Nurse Practitioner (AGPCNP) does not have one dedicated national nursing organization to define their scope of practice. To define the scope of the AGPCNP we refer to competencies published by NONPF and the American Association of Colleges of Nursing. According to the most recent competencies, AGPCNPs are educated, certified, and licensed to provide primary care services, across settings to adolescents, young adults, adults, and older adults including end of life care.[13]

Adult Gerontology Acute Care NP

Scope and standards for ACNPs were last published in 2017 by the American Association of Critical-Care Nurses.[14] This document defines the scope and standards of practice for those NPs educated, certified, and licensed as an adult gerontology or pediatric acute care NP.[10] The ACNP provides care to those individuals who experience acute, critical, or complex chronic illness regardless of the setting.[14]

The American Association of Critical Care Nurses provides a definition of the practice population for the ACNP, which helps to further clarify the scope of practice:

> The population focus for the ACNP is either pediatric or adult-gerontology patients with acute, critical, and/or complex chronic illness or injury who may be physiologically unstable, technologically dependent, and highly vulnerable for complications.… The patient may be experiencing episodic critical illness, stable, chronic illness, acute exacerbation of chronic illness, acute injury, or terminal illness. Patient needs may include complex monitoring and therapies, high-intensity interventions, or continuous vigilance within the range of high-acuity care.[14(p7-8)]

A common question with which the AGACNP struggles is at what age are they permitted to begin to manage adolescents? Late adolescences, defined as ages 18–21 by the American Academy of Pediatrics, through end of life is the accepted age range for the AGACNP.[14,15]

Psychiatric Mental Health NP

Psychiatric mental health advanced practice nursing scope of practice is defined by the collaborative effort between 3 nursing organizations who authored the Psychiatric-Mental Health Nursing: Scope and Standards of Practice.[6] The roles of the Psychiatric Mental Health NP (PMH-NP) and the Psychiatric Mental Health Clinical Nurse Specialist (PMH-CNS) are considered synonymous; therefore, the scope of practice defined in this document applies to both groups of APRNs.[16] Although some may debate the synonymous nature of these 2 roles, McCabe and Grover discussed merging these roles and called for new educational model and certification exam to support this change.[17] Today not only do the organizations listed above, define the roles as synonymous; the American Nurses Credential Center no longer offers the option to obtain a new certification in the PMH-CNS role.[18]

Psychiatric Mental Health Advanced Practice Nurses (PHMH-APRNs) are prepared "to provide continuous and comprehensive mental health care, including assessment, diagnosis, and treatment across settings."[16(p28)] The PMH-APRN provides a wide range of services, including psychopharmacotherapy, integrative therapy interventions, psychotherapy, community interventions, case management, consultation services, clinical supervision of other clinicians, and serving in roles in administration, education, and research.[16] In accordance with the Consensus Model, the PMH-APRN is trained across the lifespan and cares for individuals, families, and groups with complex psychiatric-mental health problems from prebirth through the end of life.[3]

Although all NPs may treat patients with psychiatric diagnoses in their practice, it is important to understand when to refer for specialty consultation to a PMH-APRN or other mental health provider. A patient with a mild depression who is stable on their medication regimen is appropriate for the primary care NP to manage. Should that patient have an acute decompensation and begin to experience a major depressive episode, marked by impaired cognition, suicidal ideations, slow movements, or a loss of interest in activities that they once enjoyed, they must be referred to a mental health provider, such as a psychiatrist, psychologist, psychiatric mental health NP or clinical nurse specialist. [16] A major depressive disorder is considered a complex mental health condition much like anorexia nervosa and schizophrenia all of which require the expertise of a PMH-APRN.[16]

Neonatal NP

The National Association of Neonatal Nurses (NANN) and the National Association of Neonatal Nurse Practitioners (NANNP) define the neonatal NP (NNP) scope of practice in a position statement that synthesizes the role.[19] Their practice is unique in that it bridges acute and primary care settings.[19] NNPs care for neonates, infants and toddlers through 2 years of age.[19] They deliver primary, acute, and chronic care in this age group encompassing wellness through critical care.[19] They work in neonatal intensive care units as well as other practice settings, managing complications of prematurity and neonatal pathophysiology.[19]

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Pediatric NP

"The Pediatric Nursing Scope and Standards of Practice" defines the pediatric NPs' (PNPs) scope of practice.[20] PNPs care for children from birth through adolescents, until care can be appropriately transitioned to adult health care.[20,21] Broadly, PNPs provide care in a variety of settings including primary, specialty, and acute care.[22] In addition to the fundamental roles of NPs outlined by the AANP, PNPs focus on health promotion, injury and disease prevention and chronic illness management and work in health care teams to deliver evidence-based care.[20] Pediatric NPs are 1 of 2 population foci with distinct acute or primary care certification.[3] Role delineation must align with a PNPs acute or primary care education, certification, and licensure and match the needs of the patient.[11,14,22,23]

Women's Health Nurse Practitioner

Recommendations with respect to Women's Health NPs (WHNPs) scope of practice result from a collaboration between the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the National Association of Nurse Practitioners in Women's Health (NPWH).[24] WHNPs practice as primary care NPs, caring for women starting at menarche and continuing through the lifespan as well as providing reproductive health care for men.[24] The emphasis of their role includes care delivery including "wellness promotion, care of women's common primary care non-gynecological problems, gynecologic care, male sexual and reproductive health, and normal and high risk prenatal and postpartum care."[24(p4)] The scope of practice for these NPs excludes care during childbirth.[24] Additionally, they consider the influence of gender health on the evaluation and management of reproductive and sexual health and common nongynecological primary health care.[24]

Discussion

The Consensus Model made significant strides; defining NP scope of practice and aligning NP education, certification, licensure with the 6 population foci.[3] This model results in NPs with specialized knowledge and skills in focused patient populations. However, there are unintended consequence of a model that relies on population-focused practice including, as highlighted in this article, uncertainty regarding individual NPs' scope of practice, particularly as there is overlap between some NP specialties. Further, there remains ambiguity surrounding one of the fundamental concepts of scope of practice, which is that scope of practice is defined by the patient's needs not their physical location.[3] This confusion, common among NPs, is further exacerbated among employers, physicians, and RN colleagues and further underscores the need for education of NP students, employers, and the profession.[25]

All NPs students should have access to professional role content, including scope of practice, in their NP programs.[26] At the University of Texas at Arlington, NP students receive a lecture on scope of practice at 2 points during their program.[27] Content covered in this lecture includes how all NP roles are defined by national nursing policies, Texas Board of Nursing Rules and Regulations, and detailed information on other Texas laws which effect NP practice.[27] Specific Texas laws included in the lecture include, but are not limited to, content on controlled substances, advanced directives, abortion, medical marijuana, nursing home rules and regulations, and the use of restraints, all of which have specific requirements of NPs.[27] Graduates must be prepared to use scope of practice knowledge upon graduation

Recent development of NP postgraduate transition to practice programs, colloquially called residencies or fellowships, generate additional questions and uncertainty about NP practice. Nurse practitioner residency and fellowship programs were developed to facilitate role transition.[28] Although these programs are a formalized method of learning, typically related to learning job specific responsibilities, they are not considered formal education. The education they provide varies between programs, they are not regulated and are often not associated with a school or college of nursing.[28] Therefore, they may not be used to expand one's scope of practice beyond established professional definitions.[3] For instance, AGACNPs may not complete a residency or fellowship program in family medicine and expect at the completion of the program that they can provide primary care services. Residency and fellowship programs must be aligned with one's established professional scope of practice and serve to provide additional expertise in one's specialty.

Specialty certifications pose a similar quandary. Geriatric Advanced Practice Nurses Association, the Nephrology Nursing Certification Commission, and the American Academy of Nurse Practitioners Certification Board offer specialty certifications in gerontology, nephrology, and emergency care, respectively.[29-31] Although these certifications can validate a NP's expertise in the specialty area, they cannot be used to expand one's scope of practice. For example, an AGPCNP who works in nephrology and obtains the advanced nephrology certification may not begin managing continuous renal replacement therapy (CRRT) for patients in the critical care setting. CRRT is provided to patients who are physiologically unstable; thus, beyond the scope of any NP educated, certified, and licensed solely in primary care. The advance certification in nephrology does not permit one to extend beyond their professionally defined scope of practice.[3] The only method by which NPs may legitimately expand their scope of practice beyond professional scope of practice boundaries is through attainment of formal education, national certification, and state licensure in an additional NP role(s).[3]

Although attainment of specialty certification and participation in fellowship programs are not appropriate mechanisms for NPs and employers to use to expand NPs scope of practice, we suggest opportunities to increase NPs likelihood of aligning their role with scope of practice. As prospective students consider careers as NPs, graduate nursing programs have an opportunity to advise and guide them to programs that align with their career goals.[8,32] Early intervention in career planning may reduce the likelihood that graduates assume positions where they are at risk of practicing outside of their scope of practice.

In pediatrics, graduate nursing programs increasingly offer dual acute and primary care programs.[33] Dual degree program graduates have a wider breath of knowledge for practice, benefit from diverse job opportunities, and employers report their value.[33] Growth in dual certification programs facilitate workforce development that is responsive to patient needs.[33] Other novel program designs should expand the dual certification model to include, for example, opportunities for acute care certification across the lifespan or combining age-focused population and PMHNP programs. Additionally, if an NP finds their role changes over the course of their employment, increased availability of and opportunities for post-graduate education and attainment of subsequent certification supports NP practice alignment.[34,35]

Lastly, employers are frequently unaware of differences in NP preparation and view all NPs as interchangeable.[35] The nursing community must educate employers about differences in NPs scope of practice based on population foci and the Consensus Model.[24] When creating and hiring NPs for patient care roles, employers need to have a clear patient population in mind, develop job descriptions that accurately reflect the expected NP responsibilities, and facilitate appropriate credentialing and privileging.[24,35] This clarity and

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intentionality allow NPs to make informed decisions about assuming positions and align their scope of practice with their role.

Conclusion

Each NP role has a uniquely defined scope of practice, yet there is overlap in the scope of practice between the roles. Patient care needs and the NP scope of practice, determined by the NP certification, serve as directives for which NP is best qualified to provide necessary care, informed by the Consensus Model. Nonetheless, in the 12 years since development of the Consensus Model, challenges persist with enactment and alignment of NP scope of practice and clinical practice. It may be the time to consider whether this is the best model for the future of NP education, licensure, and practice. In the meantime, educating employers, physicians, and RN colleagues about NP scope of practice can further the development and implementation of NPs' unique roles. Familiarity with one's scope of practice as well as those whose scope may overlap supports collaborative NP practice across roles and the provision of safe, effective patient care.

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