



**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**

Nurse Practitioner Perspective on Education and Post-Graduate Training

The challenges facing the US health care system require thoughtful redesign of the existing workforce utilization plan. To adequately address the growing demands for health care services, the increasing chronic disease burdens, and the aging population, as well as the needs of women and children, the nation must provide our citizens with full and direct access to nurse practitioner (NP) services. Ongoing discussions regarding the transition to practice periods for NP licensure and requests for federal funding of post-graduate extended orientation programs have prompted the national NP community to offer evidenced-based guidance in these areas.

Graduate nursing education has consistently produced highly qualified NPs. Today's national NP program accreditation requirements, competency-based standards, and certification exams ensure that NPs are prepared to provide safe, high quality patient care from the point of graduation.

NP educational programs include didactic and clinical experiences to prepare students for clinical practice with at least one population focus in either primary or acute care. 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) for whom the NP will be caring. Completion of an NP educational program requires mastery of nationally-validated competencies within the NP role and population focus. The NP student acquires the competencies through mentored patient care clinical experiences that emphasize the complexities of the health care delivery system and emphasize independent and interprofessional practice. Upon graduation, the new graduate is eligible to sit for national certification in the population focus area of preparation and to obtain state licensure. Forty years of patient outcomes and clinical research demonstrates that nurse practitioners consistently provide high quality, competent care. Additional post-graduate preparation is not required or necessary for entry into practice.

Post-graduate opportunities may provide NPs with additional management strategies for working with patients, families, or communities where significant financial, social, and emotional co-morbidities make traditional management of health more challenging, such as in community health centers and in the Veterans Administration (VA) health system. However, these opportunities are not necessary for successful entry and functioning in professional NP practice.

In this context, the sometimes used term "residency" is not an optimal description for NP post-graduate support and extended orientation because of potential confusion with the required model of graduate medical education. In medicine, a residency is a requirement to obtain licensure to practice and occurs after the physician has completed the general medical education program. The residency in medicine fulfills the required clinical focus of a particular specialty. In NP preparation that clinical focus is embedded in the NP educational program centering on the population focus that is the center of NP practice emphasis (e.g., family, pediatrics, women's health, etc).

In nursing, the NP completes a formal NP educational program and obtains national certification to be eligible for NP licensure in the state of practice. Postgraduate training is not required and any further preparation is optional. There is an added confusion in that some nursing programs use the term

residency to describe clinical practicum experiences embedded in their programs and some clinical sites use the term residencies for short term continuing educational endeavors for RNs. As institutions plan post-graduate support and orientation opportunities, they can avoid public confusion by using the term “fellowship” which has historically been associated with optional graduate training opportunities.

Evidence-based recommendations

The following recommendations are based on forty years of patient outcomes and clinical research that have demonstrated that NPs consistently provide high quality, competent care.

- 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 and would create new, costly bottlenecks to building the provider workforce.
- NP graduates are highly competent clinicians with consistently strong patient outcomes. There is no evidence to justify additional delays or costs to taxpayers to support mandatory post-graduate training or to impose ADDITIONAL regulatory constraints to the new NP upon entry into practice. The new NP graduate is competent and legally-recognized to practice upon attainment of licensure, which is linked to completion of an educational program and successful certification in a particular population focus in primary care or acute care.
- Post-graduate orientation may offer opportunities to support transitions between practice settings, for both new graduates and seasoned clinicians in all health disciplines. Post-graduate orientation 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 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 residency is required for specialization and licensure.
- 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 2013, over 14,000 new NP graduates completed formal graduate-level educational programs and joined the other 189,000 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.

The NP Roundtable is a collaborative of national organizations representing the interests of the over 189,000 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.

Endorsed by:

American Nurses Association

National Association of Neonatal Nurse Practitioners