Clinical Practice of Gerontological Nurse Practitioners

Purpose
The Gerontological Advanced Practice Nurses Association (GAPNA, formerly NCGNP) has adopted the following document to provide clarification of issues related to the clinical practice of gerontological nurse practitioners (GNPs). This document defines and clarifies the GNP scope of practice, populations served, and the regulatory environment or authority for practice.

Regulatory Environment of Advanced Practice Nurses
The nurse practitioner role originated in 1965 to meet the changing primary health care needs of this country. Two levels of oversight evolved over time in order to regulate advanced practice nursing: state nursing practice acts, with Advanced Practice Nurse (APN) licensure, and national professional certification. Nurse practitioners engage in professional activities in accordance with individual state nursing practice acts and regulated through a state APN license. Thus, the authority and autonomy for clinical practice of nurse practitioners varies from state to state. Rules and regulations, promulgated and interpreted by each state board of nursing, and at times, along with the state medical board and each state’s legislators, provide the parameters for practice activities within each jurisdiction. Such activities are generally described in a scope of practice, which also varies from state to state in its level of specificity, and may involve a collaborative agreement with physicians.

Nurse practitioner certification, unlike licensure, is not a function of government, but of professional organizations that evaluate the ability of applicants to meet predetermined qualifications. Certification is reserved for those candidates who have met requirements for practice in a specialized field, pursued advanced education at the graduate level, and received the endorsement of their peers. National certification provides tangible recognition of professional achievement in defined functional or clinical areas of nursing (American Nurses Credentialing Center, 2001).

In July 2008, the American Association of Colleges of Nursing (AACN) Board of Directors endorsed the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. This document defines Advanced Practice Registered Nurse (APRN) practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation. Under this regulatory model, the certified nurse practitioner (CNP), has educational preparation and certification as a provider of care to adults through older age as an adult/gerontological nurse practitioner. The CNP provides care along the wellness-illness continuum and primary and acute care services are provided across settings. CNPs are members of the health delivery system, practicing autonomously in a variety of general and specialty settings. Under this regulatory model, adult/gerontology is the population focus, and competency in caring for older adults is a requirement of certification as an adult/gerontological APRN. (AACN Consensus Model, 2008). While GAPNA supports the Consensus Model for APRN Regulation and the population focus of adult/gerontology, there continues to be a population of CNPs prepared as Gerontological Nurse Practitioners.
Practitioners who maintain their certification and continue to practice. This document speaks specifically to their clinical practice.

**Definition of Nurse Practitioner**
The Certified Nurse Practitioner is a licensed Registered Nurse who has satisfactorily completed graduate education and met national certification criteria that enables them to diagnose and manage a variety of health problems, which activities may occur independently or in collaboration with physicians depending on state regulations. The American Nurses Association (ANA) in its Scope and Standards of Advanced Practice Registered Nursing (2004), stated that advanced practice registered nurses are registered nurses who have graduate level nursing preparation at the master’s or doctoral level as a nurse practitioner. Nurse practitioners perform comprehensive assessments and promote health and the prevention of illness and injury. These advanced practice registered nurses diagnose; develop differential diagnoses; order, conduct, supervise and interpret diagnostic and laboratory tests, and prescribe pharmacologic and non-pharmacologic treatments in the direct management of acute and chronic illness and disease. Nurse practitioners provide health and medical care in all settings. Nurse practitioners practice autonomously and in collaboration with other healthcare professionals to treat and manage patient’s health problems and serve in various settings as researchers, consultants and patients' advocates for individuals, families groups and communities (ANA, 2004).

**Scope of Practice for Nurse Practitioners**
A nurse practitioner’s scope of practice identifies the professional nursing activities, including the action or legal boundaries of those activities as defined under each state’s nursing practice act and associated rules and regulations (Munden, 2001). State nursing practice acts and professional nursing organizations have defined scopes of practice for nurse practitioners.

The recognition of advanced practice nursing by the National Council of State Boards of Nursing (1993) stated that nurse practitioner scope of practice, as defined in state nursing practice acts, is usually written in broad language. This generality requires that an individualized scope of practice be developed by each nurse practitioner, which is specifically applicable to his or her practice setting and collaborative agreements, as necessary. Specialty certification may be a supporting element leading to the development of a scope of practice, but such certification may not necessarily define practice boundaries or limitations.

Certified Nurse Practitioners (CNPs) are prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, that includes taking comprehensive histories, providing physical examinations and other health assessments, screening activities, as well as diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families. Clinical CNP care includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases. (AACN Consensus Model, 2008).

**Gerontological Nurse Practitioners**
Gerontological Nurse Practitioners (GNPs) are CNPs with advanced specialty education in health issues that impact older adults and their resultant consequences on physical, cognitive, psychological and social function. They have established competence in the diagnosis, treatment and management of acute and chronic conditions often found among older adults and generally associated with aging. Many such conditions lead to functional decline requiring therapeutic interventions to restore or maintain an optimal level of function, or when appropriate, palliative or end of life care. Such chronic or debilitating conditions are often complex and can occur in younger adults. The GNP has the clinical expertise to care for such patients in a variety of settings.
persons. The Division of Nursing Nurse Practitioner primary care core competencies for the Gerontological Nurse Practitioner specify that the primary care Gerontological Nurse Practitioner must be competent to “treat acute and chronic illness and geriatric syndromes frequently manifested in older adults such as incontinence, falls, constipation, loss of functional abilities, dehydration, dementia, depression, delirium, and malnutrition” (Division of Nursing, 2002). This expertise also allows the GNP to provide consultation services with other members of the health care team in the developing care management plans and specific strategies for adults with health issues generally associated with aging or functional decline. Finally, the GNP’s expertise allows for population based planning for health care needs and participation in organizational, governmental and other advocacy activities to impart the specialized knowledge regarding the health care concerns of older adults and older adult populations.

Practice sites of Gerontological Nurse Practitioners may include, but are not limited to: traditional ambulatory care clinics; care management companies, acute and sub-acute care settings, private homes, and all levels of assisted living and long-term care. The GNP is qualified to address adult health care issues generally associated with aging or functional decline. GNPs also work in specialty areas with expanded scopes of practice that require specialized education and close collaboration with other health care providers.

Discussion
The population served by Gerontological Nurse Practitioners has been narrowly defined by some based on various age related practice restrictions. Such restrictions are based upon the perception that practice scopes are defined by certification category rather than by education, ability, experience, and collaborative practice agreements.

GAPNA supports the position that the scope of practice of Gerontological Nurse Practitioners is concerned with the health problems of adults that are generally associated with functional decline and aging.

Position Statement of GAPNA
• Gerontological Nurse Practitioners (GNPs) are educated through nurse practitioner programs at the masters, post master’s or doctoral level to meet the medical, bio-psycho-social and functional needs of aging persons with acute and chronic illnesses through appropriate assessment, diagnostic and management activities.
• GNPs have received advanced nursing education in the health problems of adults. All GNPs have received specialized education in the diagnosis, treatment and management of acute and chronic conditions commonly found among adults and generally associated with aging. The diversity of populations served by GNPs is reflected in individualized scopes of practice.
• GNPs are recognized as advanced practice nurses in accordance with individual state rules and regulations concerning advanced practice nursing. Generally, GNPs are required to have specialty certification through a nationally recognized credentialing center.
• GNP scope of practice may be limited to a particular client group as delineated by the GNPs individualized scope of practice and/or collaborative practice agreements with other health care providers based on experience, education, knowledge, abilities and state regulations.

References

Division of Nursing. (2002). Nurse practitioner primary care competencies in specialty areas: Adult,family,
gerontological, pediatric, and women’s health. Washington, DC: US Department of Health and Human
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Corporation.


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