

NAPNAP Position Statement on Credentialing and Privileging for Pediatric Nurse Practitioners

The National Association of Pediatric Nurse Practitioners (NAPNAP) is a professional nursing association that advocates for children's health and for pediatric nurse practitioners. NAPNAP urges all PNPs to obtain credentialing and privileges as necessary in order to provide services to the full extent of their current knowledge, training, experience, and skills.

The regulation of professional nursing practice is accomplished by licensure, certification, and professional standards of practice. Licensure and certification must be granted in order for the pediatric nurse practitioner (PNP) to gain authority and recognition for advanced nursing practice. Licensure is controlled by the state or governing authority and sets minimum standards for safe practice. Certification validates the clinician's minimum level of competence and demonstrates that the PNP has achieved a higher level of competence in a specialized area (NAPNAP, 2001). Standards of practice are developed by professional organizations to define the scope and standards of practice for each specialty area.

The ultimate authority to practice in the role of a nurse practitioner comes from state nurse practice acts, licensure, certification, and professional standards of practice. Credentialing and privileging further define the role. Privileging and credentialing are necessary additional components of PNP professional regulation. In an effort to add greater clarity to NAPNAP's position on this issue NAPNAP provides the following definitions.

Credentialing is the process that assesses and validates professional licensure, clinical experience, educational preparation, and certification to establish the presence of specialized professional background required for affiliation or a position within a healthcare organization or system. It acknowledges the scope of practice of the PNP. An institute, agency, or organization formally recognizes the professional and technical competency of the licensed provider. Credentialing also

mandates accountability and enforces standards for practice. The intent of the credentialing process is to determine eligibility to practice and decide what specific activities will be authorized. It is an administrative process involving the collection and verification of information about the practitioner's education, experience, references, certification, licensure, and professional activity. Credentialing begins with the 4 core requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO): current licensure; relevant education, training, or experience; current competence; and the ability to perform requested privileges (JCAHO, 2001).

Privileging is the process of determining a health care professional's current skill and competence to perform and/or order specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct and order specific procedures. Privileging is the process that individually authorizes the NP to provide specific clinical functions or activities in a particular setting (Callender, 1999). Privileges are granted based on several factors, including the state nurse practice act, collaborating relationships, and the specific facility's regulations. The JCAHO is quite clear that in hospitals, the review of NP applications for medical staff membership and/or privileges must follow a specific path, and the application review process is similar to that of physicians (JCAHO, 2001). A hospital must fulfill its responsibility of ensuring that all practitioners who work within its walls are clinically competent to carry out their tasks. It must provide these individuals with appro-

priate authority to direct hospital staff and to write prescriptions and orders.

Many PNPs are providing care to patients in the hospital setting. As individual physicians and practice groups begin to have PNPs make rounds, admit patients, and manage patient care of their hospitalized patients, it is necessary for PNPs to be credentialed and privileged under the medical staff model. This model requires that all externally employed PNPs be credentialed and privileged. This system requires hospitals to credential and privilege with the same care as is used for medical staff members. Hospitals should evaluate the competence of each individual, and tailor privileges to the scope of practice of the individual's profession as defined by state law.

Once credentials and privileges are established, continuous monitoring is important. Recredentialing and repriviling at least every 2 years is recommended (JCAHO, 2002). It is important for PNPs to maintain current verification of the originally required documentation. Additionally, the PNP should keep a record of the various services and procedures performed during the review period. NAPNAP supports ongoing continuing education as a mechanism for PNPs to acquire and enhance the knowledge and skills necessary to maintain privileges while ensuring optimal patient care and professional development (NAPNAP, 2000).

NAPNAP supports a fair, cost-effective, and uniform disciplinary process to exclude incompetent practitioners and protect and promote the public's health, including use of a National Practitioner Data Bank to provide information on adverse clinical privilege outcome, licensure disciplinary actions, and medical malpractice payments and surveillance of adverse events.

It is important for both healthcare

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consumers and professionals that decisions about credentialing and privileging are made objectively, equitably, accurately, and are based on data and reasonable criteria. It is imperative that policies and procedures define credentialing and privileging processes, and that the role of credentialed and privileged providers in delivering specialty care be defined. In this way it will be possible to recognize practitioners from all healthcare disciplines.

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