

Some important changes concerning Nurse Practitioners and Physician Assistants

Historically, medical centers have verified the education and work history of a nurse practitioner and the medical staff has relied on the collaborating or supervising physician to delegate responsibilities to the nurse practitioner and ensure that the duties were carried out competently.

Unlike medical schools where the student receives didactic and clinical rotations in all specialty areas, nurse practitioner programs prepare the nurse practitioner in only one specialty area. A specialty area is described as within a focused population of care which includes acuity and type of care needed. All nurse practitioner programs include common core competencies, e.g. advanced practice role, research and advanced health assessment. After that, each specialty area is specific to the selected specialty area population including diagnosis and management and clinical practicum hours. The nurse practitioner completes a program with entry-level skills. Additional formal training and experience expands knowledge and competency.

Regulatory bodies and the Arizona State Board of Nursing have made it very clear that the medical center must ensure that a nurse practitioner is trained in the area in which he/she will provide care in an acute care facility prior to granting permission to practice in the facility.

The Arizona State Board of Nursing licenses nurse practitioners to practice under their own license and certification, not their collaborating physician's license. The nurse practitioner is held accountable for practicing within the scope of training and certification. Nurse practitioners must demonstrate formal education and minimum competency in their specialty area to gain nurse practitioner certification. According to R4-19-508 C of the Arizona State Board of Nursing Scope of Practice, an RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing activities that include both theory and supervised clinical practice.

Recent discussions with the Arizona Board of Nursing have heightened awareness of the need to better define the privileges of the nurse practitioner as compared to the nurse practitioner's specialty area of certification.

Acute Care nurse practitioners are trained to manage patients with complex acute, critical and chronic health conditions primarily in acute care setting. Acute care specialties are currently limited to neonatal, pediatric and adults. The Arizona Board of Nursing's position is "an RNP who provides acute care services cannot exceed the limits of the advanced practice specialty area."

Primary Care nurse practitioner's training focuses on health promotion, disease prevention and treatment of patients primarily in ambulatory and community settings. Primary care is further specialized to a population of care – pediatric, adult, gerontology,

family, women's health, etc. The Arizona Board of Nursing's position is that "a primary care nurse practitioner may have a role in assisting or directing management of the acute care patient as long as the aspect of care is within the limits of their specialty and role of nurse practitioner certification."

For unstable patients in the acute care setting, Adult and Family nurse practitioners may coordinate care (call consults, obtain H&P) but they may not manage care (write orders on medically complex conditions, medical intervention) or develop a plan of care for an unstable patient. They may coordinate care and write orders unrelated to the acute condition if it is within their scope of specialty certification.

This information is being provided to ensure that you are aware of the intensified scrutiny that nurse practitioners will face as the Interdisciplinary Practice Committee (Allied Health) and Credentials Committees are tasked with determining that nurse practitioners are trained and licensed to perform the privileges they request. The Medical Staff Services Departments will be requesting training transcripts and evidence of additional formal training for procedures. Permission to perform procedures will not be granted unless evidence of academic coursework and supervised clinical practice can be provided. The committees at each facility responsible for the credentials approval process will review the documents.

What this means to you, the collaborating physician? Be certain that the nurse practitioner you currently employ or the one you consider hiring has the training and expertise in the focused specialty population to assist you. If your patients enter the medical center in unstable condition, a family or adult care nurse will likely not have the skills and permission from the Arizona Nursing Board to manage the acute phase of your patient's hospitalization. If you make a decision to employ a nurse practitioner and you expect him/her to perform procedures in the medical center, ensure that the nurse practitioner has the educational preparation as described by the Arizona Board of Nursing (academic coursework or continuing education activities that include both theory and supervised clinical practice.)

House Bill 2021, which goes into effect January 1, 2011, amends sections of the statutes that relate to Physicians Assistants (PA). The key changes include supervision structure and scope of practice. The new definition of PA means a person who practices medicine with physician supervision. Regulations are expected to be rewritten and completed by the end of 2011.

A big change removes the requirement for supervising physician agent. Instead a supervising physician may supervise up to four PAs at the same time. Although the fees assessed with registering supervising and supervising agents will no longer be required, the cost of the PA license will increase.

The change in the supervising structure requires that the supervising physician and PA enter into a written agreement that must be updated annually. The agreement must state that the physician will exercise supervision over the PA and retain professional and legal

responsibility for care rendered by the PA. The agreement must be signed by the supervising physician and the PA and the PA may not practice until the agreement is completed and signed. It is likely that the hospital will require a copy of the agreement initially and at the time of the annual renewal.

The revisions make it clear that supervision “must be continuous” but personal presence is not required. If the supervising physician and PA are not in the same location, they must be in contact “by telecommunication.” Weekly meetings are still required “if the PA practices in a location where the supervising physician is not routinely present”. The purpose of the meetings is to “ensure ongoing direction and oversight.”

The supervising physician no longer has to obtain Arizona Regulatory Board of Physician Assistant (ARBOPA) approval for the PA to prescribe controlled substances. However, the supervising physician still has to develop a system to record and review the PAs use of 14 day prescribing of schedule II or III controlled substances. The AMB will require the supervising physician to submit to them if the supervising has delegated authority to a PA and the AMB will submit to the Pharmacy Board.

The scope of practice allows a supervising physician to delegate duties and responsibilities including ordering, prescribing, dispensing, and administration of drugs and medical devices so long as the delegated service is within the PA’s skills, with the supervising physician’s scope of practice and is supervised by the supervising physician.

Another change eliminates the requirement that if PA’s employment is terminated the supervising physician and the PA report the date and reason to the ARBOPA.

The ARBOPA is still in the business of supervising, but they no longer will deal with the minutia. Go to the board’s website, read the bill to ensure that you and your PA are in compliance.