



EXPLANATION OF RN SCOPE OF PRACTICE AND NURSE PRACTITIONER PRACTICE

The Board of Registered Nursing has multiple requests from individuals, health facilities, physicians, insurance companies, managed care entities, and regulatory agencies for information about RN scope of practice, nurse practitioner practice, certification, and standardized procedures. The BRN provides the following information to assist in applying the statutes and regulations to the practice setting. Where appropriate, the statutes and regulations will be included to provide a reference.

Scope of Registered Nursing Practice.

The activities comprising the practice of nursing are outlined in the Nursing Practice Act (NPA), Business and Professions Code Section 2725. The legislature expressly declared its intent to provide clear legal authority for functions and procedures, which have common acceptance and usage. The NPA authorizes:

Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patient; and the performance of disease prevention and restorative measures.

Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitation regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist and clinical psychologist.

The performance of skin tests, immunization techniques, and the withdrawal of blood from veins and arteries.

Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determining of whether the signs, symptoms, reaction, behaviors, or general appearance exhibit abnormal characteristic; and implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedure, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

Standardized procedures are the legal mechanism for RNs and NPs to perform functions which otherwise would be considered the practice of medicine. Standardized procedures guidelines are to be adhered to by RNs and NPs when performing medical functions. The guidelines are described in the California Code of Regulation, Section 1474. The standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized.

The Medical Practice Act includes diagnosis of mental or physical conditions, the use of drugs in or upon human beings and severing or penetrating tissue of human beings. As a general guide the performance of any of these functions by a RN or NP requires a standardized procedure.

Nurse Practitioner Practice.

Nurse practitioners are registered nurses who are prepared by advanced education to provide primary care including medical procedures that may be required for a specialty area. Clinical competency is required when treating medical conditions utilizing approved standardized procedures. Nurse practitioner practice is outlined in the NPA, Section 2834 including Furnishing Drugs and Devices, and CCR Section 1480. CCR 1480 provides definitions of NP, primary care, clinical competence and holding out as an NP. (see the section on laws and regulations).

Related Definitions.

- ◆ **“Nurse practitioner”** means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforming to board standards as specified in section 1484.
- ◆ **“Primary health care”** is that which occurs when a consumer makes contact with a healthcare provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.
- ◆ **“Clinically competent”** means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
- ◆ **“holding oneself out”** means to use the title of nurse-practitioner.

The RN who has met the requirements for certification (holding out), may be known as a nurse practitioner and may place the letters “RN, NP” after his or her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to adult, pediatric, obstetrical-gynecological and family nurse practitioner. **The “holding out” as a nurse practitioner and using the title “RN, NP” does not confer broad practicing parameters.** The nurse practitioner must meet requirements for clinical competency as defined.

Methods for NP Certification.

1. *Completing an approved nurse practitioner education program.*

Nurse Practitioner Education Programs.

The California approved NP programs prepare nurse practitioners according to the standards of education (CCR 1484). The programs may be full-time or part-time and are not less than 30 semester units (45 quarter units) which includes theory and supervised clinical practice. At least 12 semester units or 18 quarter units of the program are in supervised clinical practice. The duration of clinical experience and the setting is such that the students receive intensive experience in performing the treatment procedures essential to the category/specialty for which the student is being prepared e.g. Adult, Pediatric, Family, Ob/Gyn.

All the approved NP programs are affiliated with academic institutions, which offer one or more educational options certificate, masters and post masters (see school list). The nurse practitioner programs prepare students in the following categories and/or specialties: family planning, family nurse practitioner, geriatric nurse practitioner, Women’s Health or OB/GYN nurse practitioner, school nurse practitioner, Acute Care Nurse Practitioner, and Neonatal nurse practitioner.

2. *Successfully completing a National examination for certification of Nurse Practitioner in a specialty, which is approved.*

Nurse Practitioner National Certification in a category/specialty

National associations/organizations and state boards that have nurse practitioner certification requirements, which are equivalent to the Board’s standards for nurse practitioner certification.

3. *Equivalency.*

A RN who has completed a NP program of study that does not meet the BRN educational standards as specified in California Code of Regulations Section 1484.

Or

A nurse who has not completed a nurse practitioner program of study meeting the Board’s standards may for the purpose of certification provide the BRN with the following:

1. Documentation of remediation of areas of deficiency in course content and/or clinical experience, which meets the same educational standards as a graduate of a BRN approved program of study preparing a nurse practitioner, and

2. verification by a nurse practitioner and by a physician who meets the requirements for faculty member (CCR 1484(C)), of clinical competence in the delivery of primary health care. The applicant must have a professional relationship with a qualified NP faculty who has assumed responsibility for the development, monitoring, and mentoring of the equivalent program of study and for verification that the applicant meets the standards of education as identified in CCR 1484, Standards of Education.