The National Association of Pediatric Nurse Practitioners (NAPNAP) recommends that all nurse practitioners (NPs) be credentialed and privileged to perform services that allow them to practice to the full extent of their education, certification, and licensure. This recommendation is supported by the Institute of Medicine in the report *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2011). Through the process of credentialing and privileging, individual NPs demonstrate competence for the skills required of their role and responsibility. To permit the development of new skills, appropriate mentoring—including didactic education, hands-on experience, or simulated experiences—is required (Holley & Ketel, 2014). It is essential for NPs to validate clinical competence through structured processes within a variety of health care settings; furthermore, demonstration of clinical competence through privileging is mandated by a variety of regulatory bodies, including The Joint Commission (TJC), the Accreditation Association for Ambulatory Health, the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services (CMS), state professional regulation practice acts, and managed care organizations (Hravnak, 2009; Madgic & Hravnak, 2005).

The regulation of professional nursing practice is accomplished by (1) licensure, (2) certification, and (3) professional standards of practice (APRN Joint Dialogue Group, 2008). The legal authority to practice as an NP within a particular state is granted by the state's professional regulation practice act. Certification is a common prerequisite for advanced practice licensure and defines the scope and patient population for practice. Certification validates the minimum level of competence to practice within the designated patient population. Professional standards of practice are delineated by professional organizations and academic institutions to further define professional competence (American Nurses Association, NAPNAP, & Society of Pediatric Nursing, 2014).

Credentialing begins with the four core requirements of TJC: current licensure; relevant education, training, or experience; current competence, judgment, and health status; and the ability to perform the activities for which privileges are requested (Hravnak, 2009; TJC, 2011). This process is used by many institutions, agencies, and organizations to formally grant authority to designated professionals to serve as licensed providers within that health care delivery system. Privileging is the process of determining a health care professional’s current skill and competence to order and/or perform specific diagnostic or therapeutic patient care procedures. Privileges are granted on the basis of several factors, including the state regulatory nurse professional practice act, collaborating relationships, professional experience, and the specific facility’s mission, resources, and regulations. TJC clearly states that review of NP applications for medical staff membership and privileges must follow a specific path with a review process similar to that for physicians (TJC, 2011).
Credentialing and privileging provide additional safeguards to the public by requiring demonstration of appropriate education, instruction, and skill maintenance to practice (Hravnak, 2009).

The credentialing and privileging process is accomplished through a series of activities designed to collect, verify, and evaluate data relevant to the practitioner’s professional performance (Holley & Ketel, 2014). This process includes obtaining verification of education, licensing, board certification, letters of references to verify competence and integrity, and documentation of competency through clinical logs (Hittle, 2010). These data are the foundation for objective, evidence-based decisions regarding appointment to membership on the medical staff and for recommendations to grant or deny initial and renewed privileges. Health care delivery systems must fulfill their obligation of ensuring that all practitioners who work within their systems are provided with the resources and onboarding to obtain and demonstrate clinical competence to provide safe, quality care (Klein, 2008).

NAPNAP supports:

1. NP credentialing through The Joint Commission’s Medical Staff Credentialing process as Allied Health Professionals or Licensed Independent Practitioners and NP member status to the Medical Staff with admitting, discharge, and clinical privileges consistent with the full scope of NP education, certification, and licensure.

2. Full NP membership on credentialing and privileging committees (Summers, 2012).

3. Fair, cost-effective, and uniform continuous quality surveillance that is Ongoing Professional Practice Evaluation (OPPE) and processes for all initial and potentially questionable practices regarding an NP’s ability to provide safe, quality care that is Focused Professional Practice Evaluation (FPPE) with the goal to protect and promote the public’s health (TJC, 2011).

4. The use of a National Practitioner Data Bank to provide information on adverse clinical privilege outcomes, licensure disciplinary actions, medical malpractice payments, and surveillance of adverse events.

5. Ongoing continuing education as a mechanism for NPs to acquire and enhance the knowledge and skills necessary to maintain privileges while ensuring optimal patient care and professional development (NAPNAP, 2012).

NAPNAP’s mission is to empower pediatric-focused advanced practice registered nurses (APRNs) and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education and research. NAPNAP believes it is important for both health care consumers and professionals that credentialing and privileging decisions be made objectively, transparently, equitably, and 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.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contributions of the following NAPNAP members and individuals from the NAPNAP Professional Issues Committee: Kristin Hittle, MSN, RN, CPNP-AC, CCRN (Professional Issues Chair); Beth Nachtsheim Bolick, DNP, PPCNP-BC, CPNP-AC; Julie Creaden, MSN, APN, CPNP-PC; Maria Lofgren, DNP, ARNP; NNP-BC, CPNP; Howard McKay, CPNP; and Tara Trimarchi, MSN, RN, CRNP, CPNP-AC.

REFERENCES


