



CLINICAL NURSE SPECIALISTS

Clinical privilege white paper

Background

According to the National Association of Clinical Nurse Specialists (NACNS), a clinical nurse specialist (CNS) is an advanced practice registered nurse (APRN) who has graduate preparation (master's degree, postgraduate certification, or doctorate) in a specialized area of clinical practice. CNSs work in a variety of specialties to ensure high-quality, evidence-based, patient-centered care. As leaders in healthcare settings, CNSs provide direct patient care and lead initiatives to improve care and clinical outcomes, as well as reduce costs.

The CNS specialty may be identified in terms of:

- Population (e.g., pediatrics, geriatrics, women's health)
- Setting (e.g., critical care, emergency room)
- Disease or medical subspecialty (e.g., diabetes, oncology)
- Type of care (e.g., psychiatry, rehabilitation)
- Type of problem (e.g., pain, wound, stress)

In addition to directly caring for patients, CNSs influence care outcomes by providing expert consultation for nursing staffs and by implementing improvements in healthcare delivery systems. They integrate nursing practice, which focuses on helping patients to prevent or resolve illness, with medical diagnosis and treatment of disease, injury, and disability.

CNS practice occurs in settings across the healthcare delivery continuum. However, it should be noted that CNSs must be privileged only if they are serving in a clinical role.

State regulation of CNSs varies widely. According to the NACNS in collaboration with the National Council of State Boards of Nursing, as of July 2020:

- 28 states and the District of Columbia allow CNSs to practice independently (i.e., with no requirement for a written collaborative agreement, no supervision, and no conditions for practice)
- 19 states allow CNSs to prescribe independently
- 13 states recognize CNSs as APRNs but require them to have a collaborative practice agreement with a physician

For additional information, see *Clinical Privilege White Paper*, Practice area 167—Nurse practitioners.

Involved specialties

RNs, APRNs

Positions of certification entities

AACN

The American Association of Critical-Care Nurses (AACN) grants Acute Care Certified Nurse Specialist certificates for Adult-Gerontology (ACCNS-AG), Pediatrics (ACCNS-P), and Neonatal (ACCNS-N).

Candidates seeking any of these credentials must hold a current, unencumbered U.S. RN or APRN license. They must also complete a graduate-level advanced practice education program that meets the following requirements:

- The program is through a college or university that offers a Commission on Collegiate Nursing Education (CCNE)– or Accreditation Commission for Education in Nursing (ACEN)–accredited master’s or higher degree in nursing with a concentration as an adult-gerontology, pediatric, or neonatal clinical nurse specialist (CNS) covering the spectrum of wellness through acute care
- Both direct and indirect clinical supervision are congruent with current AACN and nursing accreditation guidelines
- The curriculum includes:
 - Biological, behavioral, medical, and nursing sciences relevant to practice as an adult-gerontology, pediatric, or neonatal CNS, including advanced pathophysiology, pharmacology, and physical assessment
 - Legal, ethical, and professional responsibilities of the CNS
 - Supervised clinical practice relevant to the specialty
- The curriculum is consistent with the competencies of adult-gerontology, pediatric, or neonatal CNS practice
- The instructional track/major has a minimum of 500 supervised clinical practice hours overall, with a portion focused on wellness and a portion focused on acute care
- All clinical hours are focused on the direct care of adult-gerontology, pediatric, or neonatal patients and completed within the U.S.
- The supervised clinical experience is directly related to the knowledge and all role components of the adult-gerontology, pediatric, or neonatal CNS
- The curriculum includes didactic coursework with content related to the care of adult-gerontology, pediatric, or neonatal patients, covering wellness through acute care

Upon passing the corresponding certification exam, the credential of ACCNS-AG, ACCNS-P, or ACCNS-N will be granted.

In order to maintain certification, diplomates must renew their credential before the five-year certification period expires. Diplomates must maintain an active, current, unencumbered U.S. RN or APRN licensure, and may choose one of three options to renew their credential:

- 1,000 practice hours and 150 continuing education (CE) points, including pharmacology CE
- 1,000 practice hours, 25 pharmacology CE points, and passing the certification exam
- 150 CE points and passing the certification exam

ANCC

The American Nurses Credentialing Center (ANCC) offers certification to qualified CNS candidates in adult-gerontology.

Applicants for the Adult-Gerontology Clinical Nurse Specialist Certification (AGCNS-BC) must:

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country
- Hold a master's degree, postgraduate certificate, or Doctor of Nursing Practice (DNP) from an adult-gerontology CNS program accredited by the CCNE, the ACEN, or the National League for Nursing's Commission for Nursing Education Accreditation
 - The program must include a minimum of 500 faculty-supervised clinical hours
 - The program must include content in health promotion/maintenance, as well as differential diagnosis and disease management
- Complete three separate graduate-level APRN Core courses in:
 - Advanced physiology/pathophysiology, including general principles that apply across the life span
 - Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches
 - Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents

Candidates will be awarded the AGCNS-BC credential after passing the certification exam.

In order to maintain certification, diplomates must renew their credentials every five years. Diplomates must maintain a current, active RN or APRN license and complete 75 contact hours (CH), 25 of which must be in pharmacology. In addition, they must complete one of the following eight professional development categories:

1. CHs: Complete 75 CHs, all of which must be directly related to the diplomate's certification role and specialty; 60 CHs must be formally approved CE hours
2. Academic credits: Complete five semester credits or six quarter credits of academic courses applicable to the diplomate's area of certification

3. Presentations: Complete one or more presentations totaling five clock hours in the specialty
4. Evidence-based practice (EBP)/quality improvement (QI) project, publication, or research: Do one of the following:
 - Complete one EBP or QI project that demonstrates the use of a problem-solving approach
 - Publish one article in a peer-reviewed journal or a book chapter related to the diplomate's certification specialty
 - Publish five different articles related to the diplomate's certification specialty in a non-peer-reviewed journal and/or newsletter
 - Serve as the primary author of content related to the diplomate's certification specialty that is utilized in eLearning and/or other media presentations
 - Serve as the primary grant writer for a federal, state, or national organization project
 - Complete an institutional review board (IRB) research project related to the diplomate's certification specialty as the primary researcher
 - Complete a dissertation, thesis, or graduate-level scholarly project related to the diplomate's certification specialty
 - Serve as a content reviewer on an IRB, dissertation, thesis, or scholarly project that is not a part of the diplomate's employment duties
 - Serve as a content expert reviewer of other activities related to the diplomate's certification specialty that are not a part of the diplomate's employment duties
5. Preceptor hours: Do one of the following:
 - Complete a minimum of 120 hours with a preceptor in which the diplomate provides direct clinical supervision/teaching to students in an academic program related to the diplomate's certification specialty
 - Provide a minimum of 120 hours of clinical supervision related to the diplomate's certification specialty in a formal fellowship, residency, or internship program at the same practice level or higher
6. Professional service: Complete two or more consecutive years of volunteer service during the certification period with an organization in which certification specialty expertise is required
7. Practice hours: Complete a minimum of 1,000 practice hours in the diplomate's certification specialty through employment or as a volunteer
8. Assessment: Retake and pass the certification examination

ONCC

The Oncology Nursing Certification Corporation (ONCC) formerly granted Advanced Oncology Certified Clinical Nurse Specialist (AOCNS) certification to qualified CNS candidates specializing in oncology. Currently, the ONCC offers renewal of certification only. To recertify, diplomates must hold a current AOCNS

certification; have a current, active, unencumbered license as a registered nurse in the US, its territories, or Canada; and complete a minimum of 1,000 hours of practice in the roles of a CNS in adult oncology within the four years prior to renewal.

Positions of societies, academies, colleges, and associations

NACNS

The NACNS develops core CNS competencies and criteria for evaluating CNS master's, doctorate, and postgraduate certificate educational programs, with the goal of supporting and guiding CNS educators in developing and evaluating their curricula. (Specific information on core CNS competencies is limited to NACNS members.)

In 2023, the NACNS announced that it endorses three options for academic preparation before a professional enters practice as a CNS:

- A master's degree
- A postgraduate certificate
- A DNP degree

Any of the above options should be earned through an accredited program that prepares its graduates for CNS practice.

The NACNS previously supported the DNP more heavily as a requirement for entering CNS practice, in a 2015 statement on the matter. However, its 2023 statement acknowledges that, based on evidence, patient outcomes are uniformly positive when receiving care from both master's- and DNP-prepared CNSs. The NACNS still encourages CNSs to explore practice and research doctorates (DNP and PhD degrees, respectively) as their life circumstances and career goals dictate.

The NACNS also publishes a position statement on *Clinical Nurse Specialist Full Practice Authority*, in which it endorses full practice authority for CNSs. CNSs receive formal specialized graduate education. Education must be consistent with APRN Consensus Model recommendations, which include separate courses in advanced pathophysiology, advanced physical assessment, and advanced pharmacology, plus a minimum of 500 clinical hours of supervised clinical practicum.

The practice authority position statement notes that CNS graduates are expected to obtain certification in the population area consistent with their education (neonatal, pediatrics, or adult-gerontology). The NACNS supports title protection for CNSs and APRNs, meaning that only individuals who meet the nationally established standards for CNS education and practice may use these titles.

Positions of accreditation bodies

CMS

Centers for Medicare & Medicaid Services (CMS) has no formal position concerning the delineation of privileges for CNSs.

The CMS *Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6), stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

The *CoPs* also state that the privileging process must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

- Individual character
- Individual competence
- Individual training
- Individual experience
- Individual judgment

The governing body must ensure that these requirements for granting privileges are applied equally to all practitioners in each professional category of practitioners.

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

§482.22(a)(1) states the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges. In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

TJC

The Joint Commission (TJC) has no formal position concerning the delineation of privileges for CNSs.

In its *Comprehensive Accreditation Manual for Hospitals*, TJC states, “The hospital collects information regarding each physician’s or other licensed practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, TJC states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

MS.06.01.05 states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

TJC introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.”

The elements of performance (EP) for standard MS.06.01.05 include several requirements as follows:

- The need for all physicians or other licensed practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant's current organization, peer and/or faculty recommendation, and a review of the practitioner's performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant's statement that no health problems exist that would affect their ability to perform privileges requested
- A query of the National Practitioner Data Bank (NPDB) for initial privileges, renewal of privileges, and when a new privilege is requested
- Written peer recommendations that address the physician's or other licensed practitioner's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
- A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (e.g., suspension of license or privilege)
- Information regarding any changes to physicians' or other licensed practitioners' clinical privileges, updated as they occur

MS.06.01.07 states, “The organized medical staff reviews and analyzes information regarding each requesting physician's or other licensed practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.”

In the EPs for standard MS.06.01.07, TJC states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond three years.

Criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

MS.08.01.03 states, "Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal."

In the EPs for MS.08.01.03, TJC says there is a clearly defined process facilitating the evaluation of each physician's or other licensed practitioner's professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

ACHC

The Accreditation Commission for Health Care (ACHC) has no formal position concerning the delineation of privileges for CNSs.

The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.10). Privileges are granted based on the medical staff's review of an individual practitioner's qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Specific to allied health professionals (AHP), ACHC requires that the privileges, responsibilities, and duties be consistent with federal and state regulations (and limitations) for the discipline and that they do not exceed the scope allowed. The privileging form(s) must identify those privileges requiring physician supervision—direct or indirect—and include co-signature requirements.

AHP files must contain applicable laws, codes, or regulations that govern the scope of practice for the AHP, or the hospital may establish a central file in human resources or the medical staff office for this purpose.

Supervision of AHPs must be consistent with state law and specified in a policy (i.e., ratio of physicians to AHPs).

All AHPs authorized to provide care must have an annual competence/skill assessment.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner's clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.02). The appraisals are to be conducted at least every 36 months.

DNV

DNV has no formal position concerning the delineation of privileges for CNSs.

MS.12, SR.1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.

Under MS.12, DNV requires specific provisions within the medical staff bylaws for:

- The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
- Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status
- Fair hearing and appeal

MS.12, SR.4 requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted.

MS.12, SR.2 states that clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years.

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment.

Specific to AHPs, DNV follows CMS by stating that “all practitioners performing surgery shall have surgical privileges.”

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding CNSs. The core privileges and accompanying procedure list are not meant to be all-encompassing. CNSs are educated and practice in a wide variety of specialty areas, including primary care, prenatal, preventive and wellness, psychiatric and behavioral, palliative, geriatric, and pediatrics. The core privileges below define the types of activities, procedures, and privileges that would be typical for CNSs to perform in an inpatient setting.

Healthcare facilities must develop specialty-specific privileges as applicable to the needs of the organization. For example, a CNS in psychiatric and mental health may also be granted privileges to conduct behavioral healthcare maintenance and to clinically manage psychiatric disorders, including severe and persistent neurobiological disorders. In addition, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

Minimum threshold criteria for CNSs requesting privileges

Basic education: RN.

Minimum formal training: Successful completion of a master's, post-master's, or DNP degree from an accredited CNS program

AND

Certification as a CNS by the ANCC or an equivalent body, as applicable to the specialty area of practice.

Required current experience: Demonstrated current competence and provision of care, treatment, or services to an adequate number of patients during the past 12 months or demonstrated completion of an accredited CNS training program within the past 12 months. Experience must correlate to the privileges requested.

References

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Core privileges for CNSs

Core privileges for CNSs include the ability to assess, diagnose, monitor, promote health and protection from disease, and manage primary care and treatment using a variety of therapeutic and interpersonal techniques for patients within the age group seen by the collaborating or supervising physician. CNSs may provide care to patients in the intensive care setting in conformance with unit policies. They may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills:

- Perform history and physical
- Obtain social and psychological admission history
- Assess and treat individual patients with disease states and non-disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, pathophysiology, and pharmacology
- Complete comprehensive assessments, develop the differential diagnosis, and formulate and implement a treatment plan
- Direct care as specified by medical staff–approved protocols
- Initiate appropriate referrals
- Make daily rounds on hospitalized patients

- Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, electrocardiogram, IV fluids and electrolytes, etc.
- Utilize advanced practice skills to independently provide case management and conduct teaching, promotion of wellness, and prevention of disease

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully provided inpatient, outpatient, or consultative services for an adequate number of patients, reflective of the scope of privileges requested, annually over the reappointment cycle based on the results of OPPE and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

[Maintenance of certification is required.]

In addition, CE related to CNSs is required.

For more information**Accreditation Commission for Health Care**

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American Nurses Credentialing Center

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Centers for Medicare & Medicaid Services

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DNV Healthcare, Inc.

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The Joint Commission

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