Title
Should Dermatology Nurse Practitioners Be Required to Complete Clinical Hours for Certification?

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Nurse practitioner (NP) specializations are defined by the Advanced Practice Registered Nurse Consensus Model or statute in each state, and these specialties are certified through national organizations. Clinical subspecialties are determined by subspecialty organizations like the Dermatology Nurses’ Association (DNA) and are of increasing importance to NPs as our practices become more specialized. The availability of and process for certification varies widely among subspecialties, and some, including dermatology, have clinical practice requirements. However, with statutory restrictions on NP practice in a majority of states, the settings where practice hours can be obtained can be limited, leading to practical restrictions that mean some specialized NPs, such as dermatology, cannot achieve certification.

Stephanie Kemmerling

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Support for Clinical Hours for Dermatology NPs

Certification demonstrates to the public that a health care provider has specialized training beyond initial licensure and has passed a test designed to assess expert knowledge in a medical specialty. In 2007, the Nurse Practitioner Society of the DNA recognized the need for certification for NPs to validate their knowledge of dermatology. The Dermatology Certified Nurse Practitioner (DCNP) designation is offered by the DNCB.

A minimum of 3,000 hours of dermatology practice or formal education is required to sit for the exam. This requirement ensures quality, evidence-based knowledge, and experience. Candidates must hold a master’s or doctoral degree in nursing, current state licensure, and national certification as an NP. There is no
requirement for current employment or collaborative agreement with a dermatologist; however, the vast majority of our members work with dermatologists.

Since its inception, 145 dermatology NPs have become certified. The DCNP exam is updated every 3 years to ensure that the material covered is relevant to current, evidence-based dermatology practice. The DNA also offers up-to-date, high quality educational opportunities in order to complement the DCNP exam and best prepare dermatology NPs to care for their patients.

It is the position of the Nurse Practitioner Society of the DNA that certification is an important indicator to patients and employers that the NP has met rigorous requirements and has the experience and clinical judgment to provide expert care. It assures patient safety and grants recognition to individuals who have achieved excellence in practice. By voluntarily seeking certification in dermatology, DCNPs become leaders in improving health care quality and patient outcomes. The Nurse Practitioner Society of the DNA also recognizes and values the quality dermatologic care provided by our colleagues in primary care and those practicing in other specialties.

What is Your View on This Topic?

Point/Counterpoint offers thought-provoking topics relevant to nurse practitioners in every issue of JNP. Two authors present thoughtful but opposing viewpoints on current subjects, from scope of practice and regulations to work ethics and care practices. Your opinion on these matters is also important, so go to www.npjourn.com or scan the QR code here to register your vote for either side of each topic. Comments or suggestions for future columns should be sent to Department Editor Donald Gardenier at inpcpedit@umail.com.

Beth Haney

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Rationale Against Clinical Hours for Dermatology NP s
PCPs see a variety of patients with acute and chronic conditions. NPs in primary care see many patients that present with dermatology concerns, everything from sunburn to herpes zoster ophthalmicus to lichen planus and beyond. Certification in dermatology demonstrates that an NP has obtained a higher level of dermatology knowledge through education and training. However, because of practice requirements, dermatology certification is effectively limited to those NPs who practice with a dermatologist. Dermatologists absolutely have the needed depth and breadth of knowledge of complex skin conditions, but many patients do not see a specialist; they want to see their PCP.

National certification in dermatology attests to a more in-depth knowledge of dermatology conditions that arise in primary care, not strictly in a dermatology office. National certification does not limit the site of practice and is solely meant to identify recognition of knowledge. Why couldn't a family practice NP become certified in dermatology after working for years in a practice where he or she has become the "skin expert," since that NP has extended experience and taken courses or attended classes in dermatology? Why not certify the independent practice NP who primarily practices dermatology but has no collaborating/supervising dermatologist? What about the NP who works full time but the dermatologist works limited hours?

Passing a rigorous certification test would identify NPs who have many hours of additional study preparing for the exam. Logic suggests dermatology certification eligibility criteria be based on experience, education, training, and courses taken and not exclude the NP that meets all criteria except for working with a dermatologist. Certification in dermatology lets the public know this particular NP has passed a rigorous exam and has the experience and training to become certified as an NP with a specialty in dermatology.