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Adult-Gerontology Nurse Practitioners: A Discussion of Scope and Expertise

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A B S T R A C T

Adult-gerontology primary care nurse practitioners (NPs) deliver longitudinal primary care in outpatient settings from adolescence to older adulthood, and adult-gerontology acute care NPs provide care to critically ill adults and older adults. Family NP programs vastly outnumber adult-gerontology NP programs nationwide, despite a rapidly aging population. This report discusses the differences in education and scope of practice of adult-gerontology primary care NPs, adult-gerontology acute care NPs, and family NPs and highlights the crucial and unique assets adult-gerontology NPs bring to any health care system or practice. Differences in competencies, certification examinations, and practice settings are discussed in depth.

This activity is designed to augment the knowledge, skills and attitudes of nurse practitioners and assist in their ability to describe adult geriatric nurse practitioner scope of practice, clarify misinformation about the AGNP population focus, and advocate for AGNPs at the systems level.

At the conclusion of this activity, the participant will be able to:

a. Understand the history of the AGNP population focus, including the differences between acute and primary care AGNPs
b. Identify the unique knowledge and skills of AGPCNPs and AGACNPs beyond core NP competencies
c. Define the scope of practice of AGNPs including setting, age of patients, and most common clinical foci

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Adult-gerontology nurse practitioners (AGNPs) provide care to adolescents (ages 10 to 19)[1] through older adults across the broad continuum of care. There are 2 population foci within the AGNP role, and each has specific education and skills relative to the population served. Adult-Gerontology Primary Care NPs (AGPCNPs) provide longitudinal primary care, including preventive, chronic, and acute illness care, to adolescents, adults, and older adults; whereas Adult-Gerontology Acute Care NPs (AGACNPs) provide care to critically ill adults who may be unstable or at high risk for complications.[2] In contrast, Family NPs (FNPs) provide care for common acute and chronic illnesses in primary care as well as preventive care to individuals and families across the life span.[3]

Similar to AGPCNPs, FNPs develop long-term treatment plans for the management of common health conditions, prevention of disease, and promotion of wellness. AGPCNPs and FNPs both offer health care guidance and counseling to patients in outpatient settings. However, despite a rapidly aging population and an increasing number of adults living with complex comorbidities, the number of NPs certified in adult-gerontology or gerontology is low compared with those certified as FNPs. This report discusses the differences in education and scope of practice of AGPCNPs, AGACNPs, and FNPs and highlights the beneficial assets AGNPs bring to any health care system or practice.

History of the AGNP Role and Certification

Adult NP (ANP) programs grew out of a need for more primary care providers in the 1970s, following in the footsteps of pediatric programs established by Loretta Ford and Henry Silver. Gerontology NP (GNP) programs emerged in the 1970s and 1980s in response to an aging population and the need for more specialized care of older adults. In 2008, the "Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation: Licensure, Accreditation, Certification & Education (LACE)" was released. This document combined

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ANP and GNP into one population focus (AGNP) and differentiated primary care and acute care roles.[4] As a result, the ANP and GNP national certification examinations were retired in December 2016. NPs certified as both ANP and GNP were given the option to recertify as an AGPCNP. Those with ANP or GNP alone can no longer let certifications lapse, as the only option for recertification for these NPs is now continuing education and practice hours.[5] All initial certifications in this population are now AGPCNP or AGACNP.

To meet eligibility requirements for certification as an AGNP, an individual must have a master's (MSN) or doctoral (DNP, PhD) degree, graduate from an accredited program of study, and complete a minimum of 500 hours of faculty-supervised direct patient care. Applicants must have specific content in the 3Ps—pathophysiology, pharmacology, and advanced physical assessment—as well as health promotion, differential diagnosis, and disease management.[6] The latest National Task Force on Nurse Practitioner Education standards require 750 hours of direct clinical experience.[7] Furthermore, AGNP programs should provide specific didactic and clinical coursework in the care of adults aged >65 years and frail older adults.

The AGACNP role traditionally was inpatient based, with a focus on complex acuity level patients; however, the AGACNP practice settings have expanded to include outpatient settings, such as urgent care and specialty clinics, that allow for greater use of AGACNPs' scope of practice without the bounds of a clinical setting.[8] Although the role of the AGACNP is evolving, 89.7% of NPs are certified in primary care.[9]

Despite the need for NPs with specialized knowledge in aging and the care of older adults, there were only 231 accredited AGNP programs in the United States (US) in 2019. Comparatively, the American Association of Colleges of Nursing noted there were 451 accredited FNP programs.[10] Only 10.8% of NPs are practicing as ANPs, 7% as AGPCNPs, 1.8% as GNPs, and 2.9% as AGACNPs. This is compared with 69.7% of NPs currently certified as FNPs.[9] The number of NPs practicing as ANPs, AGPCNPs, GNPs, and AGACNPs compared with those practicing as FNPs is proportional to the number of graduate programs available for each specialty and is not enough to meet the needs of a rapidly aging population with complex needs. Furthermore, this translates directly into the availability of qualified faculty to teach in these programs, with fewer trained AGNP faculty than FNP faculty.

FNP, AGPCNP, and AGACNP Competencies

Whereas there is a set of core competencies for all NPs, population-specific competencies help to delineate the roles of FNPs, AGPCNPs, and AGACNPs further. FNP and AGNP curricula are based on the American Association of Colleges of Nursing "Essentials" and population-focused competency documents, jointly published by the National Organization of Nurse Practitioner Faculties and the American Association of Colleges of Nursing.[2,11,12] Overall, population-specific AGPCNP and AGACNP competencies outnumber those of FNP, and there is much greater detail in the curriculum content supporting the AGPCNP and AGACNP competencies. See Table 1[2,12] and Table 2 for more details. Highlights for each area are summarized below.

Scientific Foundations

The scientific underpinnings of practice for AGPCNPs and AGACNPs place additional emphasis on knowledge of aging theory and differentiation between normal and abnormal aging. Specific curriculum content for AGNPs includes discussion of avoiding ageism, family dynamics related to illness, dependence vs autonomy, and principles of safety for older adults.[2] By comparison, no supplemental competencies are added on these topics for the FNP curriculum.

Leadership

Leadership competencies for FNPs, AGPCNPs, and AGACNPs demonstrate similarities in NP role advocacy, professional organization involvement, and leadership in complex health systems.[2,12] FNP competencies have more emphasis on leadership; specifically, the importance of cultural diversity in health care.

Quality

Curriculum content to support quality competencies is also consistent across roles for self-evaluation, accountability for own practice, and quality improvement to address health outcomes. Compared with the FNP competencies, AGPCNP and AGACNP curricular content specifically places emphasis on care delivery models and transitions of care as well as safety concerns most relevant to older adults and multimorbidity such as urinary catheters, restraints, fall prevention, and medication reconciliation. The focus of AGACNP quality competencies is on acutely and critically ill adults and older adults.[2] There are no additional quality competencies for FNPs beyond the core competencies.

Practice Inquiry

Neither FNP nor AGNP has population-specific competencies related to practice inquiry, and all emphasize evidence-based practice and clinical research or knowledge translation. AGPCNP mentions clinical data of importance, such as quality of life, functional capacity, social isolation, and disability, all of which are concepts relevant to the frail older adult and adult with multimorbidity.[2]

Technology and Information Literacy

More emphasis is placed on technology and information literacy in the AGPCNP and AGACNP competencies than in FNP competencies.[2,12] AGPCNP focuses on the use of technology and devices to improve care for vulnerable adults and older adults with cognitive and sensory impairment, disability, and inability to self-disclose information. There is also specific curriculum content for devices that improve quality of life, such as pacemakers and defibrillators. Electronic communication is also emphasized, with specific mention of telehealth/telemedicine, home care, caregivers, and the health care team.[2] Telehealth is mentioned as curriculum content for core APRN competencies, but more telehealth emphasis is needed.

Policy

Policy content specific to AGPCNPs includes reimbursement for long-term care, skilled nursing, house calls, and hospice care. This includes knowledge of Medicare, Medicaid, and dual eligibility. Other specific curriculum related to policy for AGPCNPs includes managed care plans and end-of-life law.[2]

Health Delivery System

AGPCNP and AGACNP competencies additionally focus on transitions in care and assessment of patients' stability, acuity, resources, and need for assistance. Again, there is specific mention of caregivers and frail older adults and negotiating care across the health system, including rehabilitation, skilled nursing, and assisted living.[2]

Table 1
Additional Competencies by Nurse Practitioner Population Focus[2,12]

Competency	FNP	AGPCNP	AGACNP
Scientific foundation	No additional competencies	1. Knowledge development and improved care of the adult-gerontology population 2. Differentiation between normal and abnormal aging	
Leadership	1. Work with other professions to maintain respectful climate and shared values 2. Engage diverse professionals to meet patient care needs 3. Engage in professional and interprofessional development for team performance 4. Assume interprofessional leadership to provide care in complex health systems	1. Describe evolving AGPCNP role to health professionals and the public 2. Provide leadership to facilitate complex coordination and planning in care delivery 3. Demonstrate leadership in practice and policy to achieve best outcomes for the adult-gerontology population	1. Provide mentorship and education to students of nursing and other health professionals regarding acute/critical care populations 2. Coordinate services for patients with acute, critical, and/or complex chronic illness
Quality	No additional competencies	1. Promotion of safety and risk reduction for adults and older adults 2. Evaluate care delivery models regarding health care outcomes 3. Quality improvement of own practice	1. Implement evidence-based interventions to promote safety for patients with acute, critical, and complex chronic illness
Practice inquiry	No additional competencies		
Technology and information literacy	No additional competencies	1. Integration of technology into care delivery for remote and face-to-face visits 2. Use of devices and technology to improve outcomes 3. Use of electronic communication 4. Application of ethical and legal standards when using technology 5. Analyze data capture in clinical information systems	1. Synthesize information from many sources, (eg, clinical decision support technology) to make clinical decisions in management, consultation, or referral for acutely and critically ill patients 2. Use of devices and technology to improve outcomes for acutely, critically, and chronically ill persons 3. Analyze technological and information systems to improve care delivery and coordination
Policy	No additional competencies	1. Advocacy for full scope of AGPCNP role 2. Analysis of policy regarding care outcomes for the adult gerontology population 3. Development of strategies to reduce ageism, racism, ethnocentrism, sexism in health policy and systems	1. Advocate for implementation of the full scope of the AGACNP role 2. Advocate in acute care health systems for cost-effective quality access to care 3. Assist to design, implement, and evaluate standards and guidelines for care of acutely ill, critically ill, and complex chronically ill persons 4. Development of strategies to reduce ageism, racism, ethnocentrism, sexism in health policy and systems
Health delivery system	No additional competencies	1. Manage safe care transitions across settings and levels 2. Apply knowledge of regulatory processes and payer systems in planning and delivery of services 3. Develop health promotion programming in a health system or community	1. Assess internal and external health system factors' impact on individual and population outcomes during acute and critical illness 2. Use information on an individual's acuity, resources, etc. to determine the need for transition to a different level of care/monitoring 3. Analyze cost-effectiveness of high-acuity practice 4. Facilitate a patient's transition across levels of care and within health systems 5. Evaluate risk and benefit for acute care treatment 6. Use advanced communication skills in collaboration with caregivers and other providers to improve health outcomes in acute and critical care 7. Identify processes, principles, regulations regarding payer systems used to plan and deliver complex health care 8. Describe challenges to complex care, considering competing priorities of patients, providers, payers, suppliers 9. Promote efficient use of resources 10. Analyze barriers to acute care coordination and care delivery 11. Apply knowledge of type and level of services across health care settings 12. Demonstrate sensitivity to diversity in organizational culture and in populations 13. Help patients/families navigate complex health systems
Ethics	No additional competencies	1. Advocate for patient and family rights regarding health care decisions	1. Participate in interprofessional teams to collaborate on issues such as triage, QOL, resource utilization 2. Advocate for patients and families regarding decision-making, incorporating ethical/legal standards 3. Facilitate decision-making around complex acute, critical, and chronic illness treatment

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Table 1 (*continued*)

Competency	FNP	AGPCNP	AGACNP
Independent practice	1. Obtain/accurately document relevant health history for all ages and all phases of individual and family 2. Identify health and psychosocial risk factors for all ages in all stages of the family life cycle 3. Identify and plan interventions to promote health with at-risk families 4. Assess impact of acute/chronic illness and injuries on the entire family 5. Prescribe medications with knowledge of altered dynamics/kinetics of special populations (infants, children, pregnant/lactating women, older adults) 6. Prescribe therapeutic devices 7. Assess and promote self-care for people with disabilities 8. Use knowledge of family theory and developmental stages in care of individual and family 9. Facilitate family decision-making 10. Demonstrate knowledge of similarities and differences in interprofessional roles 11. Apply principles of self-empowerment and efficacy for behavior change	1. Independent management of common complex, acute, chronic illnesses from adolescence to frail older adult 2. Use correct billing codes for care of the adult and older adult 3. Manage geriatric syndromes 4. Develop a plan for long-term management of chronic problems 5. Collaborate to manage acute complications and multi-system health problems 6. Evaluate caregiver's support systems 7. Provide education based on teaching and learning theory to patients, families, caregivers, groups 8. Provide consultation on care of adolescents, adults, older adults 9. Use interventions to reduce risk factors for diverse and vulnerable populations from adolescents to frail older adults	1. Independent management of complex acute, critical and chronic illness of adults and older adults at risk for emergent/urgent conditions; manage physiologic instability and risk for life-threatening complications 2. Promote health, protect from disease and environmental risk factors associated with acute/critical illness 3. Identify comorbidities and potential for deterioration of physical/mental health 4. Diagnose common behavioral, mental, and substance use concerns in acutely, chronically, and critically ill persons 5. Prioritize diagnoses during rapid health deterioration and instability 6. Collaborate intra-and interprofessionally (including caregivers) 7. Support patients in regaining and maintaining physical and mental health consistent with goals of care 8. Perform diagnostics and therapeutics (eg, electrocardiogram, imaging, ventilation, hemodynamic monitoring, lumbar puncture, line/tube insertion, wound management) 9. Assess coping and manage life-stage transitions 10. Manage geriatric syndromes 11. Collaborate to develop education for acutely, critically, and chronically ill patients (include values, needs, developmental/cognitive level, literacy) 12. Intervene with treatments and devices (eg, oxygen, ventilation, prosthetics, splints, pacers, adaptive equipment, etc.) 13. Evaluate therapies (PT, OT, ST, home health, palliative, nutrition) 14. Support rapidly deteriorating patients, using ACLS and fundamentals of critical care 15. Conduct pharmacologic assessments to address complex medication regimens, interactions, adverse events 16. Prescribe medications with awareness of adverse effects, complex regimens, especially for high-risk populations 17. Use pharmacologic and nonpharmacologic strategies for symptom management of physical and behavioral concerns 18. Discusses sensitive issues (advanced directives, end-of-life) with patient, family, caregivers 19. Apply crisis and stress management to assist patients and families experiencing acute and critical illness 20. Adapt teaching-learning approaches to physiologic/psychologic changes, developmental stage, cognitive status, readiness, literacy, environment, and resources 21. Practice within scope of AGACNP practice

ACLS = advanced cardiac life support; AGACNP = adult-gerontology acute care nurse practitioner; AGPCNP = adult-gerontology primary care nurse practitioner; FNP = family nurse practitioner; OT = occupational therapy = PT = physical therapy = QOL = quality of life = ST = speech therapy.

Table 2
Additional Curriculum by Nurse Practitioner Population focus[2,12]

Competency	FNP	AGPCNP	AGACNP
Scientific foundation	No additional curriculum to support	• National data on aging • Theories and conceptual frameworks of aging • Physiological changes and age-related pharmacology and pathophysiology • Life-stage transitions • Principles of safety	Same as AGPCNP, with focus on acute care setting regarding safety principles
Leadership	• Various roles of FNP (eg, consultant, coordinator, educator, etc.) • Marketing and advocacy of FNP role • Professional organization importance • Cultural diversity of team members, patients • Interprofessional concepts of teamwork, mutual respect and values	• Planning, delivery and care evaluation • Teaching and coaching functions • Professional organization involvement • Promote access to care and advocate for adult-gerontology population • Promote role of AGPCNP	• Applying, implementing and customizing information systems to enhance practice • Communication between health team members in rapidly changing conditions • Interpersonal and organizational communication • Use of peer review process for practice improvement
Quality	• Accountability and high practice standards • Self-evaluation and monitoring of own practice • Professional development • Quality improvement and research to improve care	• Sensory and cognitive function • Restraints, urinary catheters • Medication reconciliation • Types of care delivery models (eg, PCMH, ACO, care transitions) • National quality benchmarks • EBP for each stage of aging	• Unique risks to acutely and critically ill adults and those with complex chronic illness • Use of catheters and lines, technological devices • Safety initiatives in acute and critical care • Patient and provider safety in acute and critical care
Practice inquiry	• Patient-centered research translation • EBP approach pertinent to patient outcomes	• Evaluation of clinical data (eg, functional decline, social isolation, QOL, disability) • Clinical guidelines and information databases specific to adult-gerontology population • Emerging areas of clinical research for AGPCNP practice	• Similar to AGPCNP • Changing environment and health system complexity • Application of evidence to unique situations
Technology and information literacy	• Use of technology that enhances safety and monitors health/outcomes	• Technology to improve care for cognitively impaired, sensory impaired, and those with disabilities • Devices such as pacemakers, implantable defibrillators • Privacy and confidentiality, communication, HIPAA • Electronic communication with health care team, patients, families, caregivers (including barriers in health care and home care settings) • Reading and literacy level evaluation using electronic resources	• Care of patients with complex technology and devices • Exploration of new technologies • Health literacy assessment tools • Use of databases and additional care models • Using technology to communicate, manage knowledge, prevent and mitigate errors, and support clinical decision making
Policy	• Collaborative and/or individual strategy that influences legislation, promotes health, and improves health care delivery • Relationships between community/public health concerns and social concerns (eg, socioeconomic status, violence, education)	• Medicare, Medicaid, dual eligibility • Managed care plans • Reimbursement for long-term care, skilled nursing, house calls, hospice • End-of-life policies and law • Policy regarding safety and disability accommodation • Strategies to address bias • Engagement with consumer groups, news outlets, and other media (eg, fact sheets, op-ed pieces)	• Similar to AGPCNP with a focus on acute care
Health delivery system	• Relationships and team dynamics • Safe, timely, efficient, effective, and equitable patient- and population-centered care • Public and community programming • Environmental health policy • Information systems data to improve practice • Organizational decision making • Business principles including financial viability of practice • Regulations for NP practice • Patient and family assistance in care navigation across delivery systems • Professional standards and age-appropriate guidelines design, implementation, and evaluation	• Acuity, stability, personal resources, assistance level when planning services • Special focus on rehabilitation, skilled nursing, assisted living • Needs of individuals, families, and caregivers when navigating transitions • Specific needs of adolescents and frail older adults • Impact of health systems on at-risk individuals and those with mental/physical disability • System change, barriers to care • Interprofessional collaboration	• Staffing, care delivery models, regulatory requirements, design and infrastructure • Emergency response plans • Internal and external agencies/resources
Ethics	• Ethical concerns specific to interprofessional situations • Ethical implications of scientific advances and practices	• Emancipation, conservatorship, guardianship, DPOA, health care proxy, advanced directives, informed consent, end-of-life care, organ and tissue donation • Genomics, genetics in care delivery and counseling • Right to self-determination, utility, beneficence, self-care capacity • Age-related rights, ombudsman role	• Cultural, spiritual, ethnic, intergenerational influences that may cause conflict • Decision-making capacity • Palliative and end-of-life care • Advocacy during acute, critical illness • Self-determination, sense of safety, autonomy, self-worth, dignity

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Table 2 (*continued*)

Competency	FNP	AGPCNP	AGACNP
Independent practice	• Developmental delays and learning disabilities • Pregnancy, prenatal, and postpartum care • Functional assessment of family members (elderly, disabled) • Screening tools for ADHD, developmental variations, autism spectrum disorder, • Health risks related to bullying and victimization • Resiliency • Epidemiology and community characteristics • Crisis management	• Atypical presentations of older adults • Discussion of sensitive issues • Beers' criteria • Incontinence, falls, • Screening tools and prevention (smoking cessation, substance use, dental care for older adults, TB/HIV screening for older adults) • CMS rules and regulations for NP billing and coding • Geriatric syndromes • Multimorbidity and its; risk for iatrogenesis • Local resources to assess frailty, physical and mental disability, and chronic illness • Age-specific assessment tools: MoCA, SLUMs, GDS, Mini-Cog, etc. • Prescription and monitoring of allied health therapies (PT, OT, ST, home health, palliative, nutritional) • Differences between palliative and hospice • Involvement of family and caregivers • Transition of care theory • Interdisciplinary adult and geriatric professional organizations • Practice laws for NPs in skilled in nursing, assisted living, rehabilitation, hospice, telehealth, long-term care and residential care	• Similar to AGPCNP with a focus on care of acutely ill, critically ill, and complex care • Physiologic risk, psychological risk, and health system risks • Organ tissue donation • Fluid and electrolyte stabilization • Assessment and management of patients' volume status

ACO = accountable care organization; ADHD = attention deficit hyperactivity disorder; AGACNP = adult-gerontology acute care nurse practitioner; AGPCNP = adult-gerontology primary care nurse practitioner; CMS = Centers for Medicare and Medicaid Services; DPOA = durable power of attorney; EBP = evidence-based practice; FNP = family nurse practitioner; GDS = geriatric depression scale; HIPAA = Health Insurance Portability and Accountability Act; HIV = human immunodeficiency virus; MoCA = Montreal Cognitive Assessment; NP = nurse practitioner; op-ed = opinion-editorial; OT = occupational therapy; PCMH = patient-centered medical home; PT = physical therapy; QOL = quality of life; SLUMS = Saint Louis University Mental Status Examination; ST = speech therapy; TB = tuberculosis.

Ethics

There are differences in ethics competencies for AGNPs, with additional competency in assisting with decision making, including advanced directives, end-of-life care, and organ donation. Curriculum content around ethics for AGNPs includes self-determination, capacity, utility, and beneficence.[2,12]

Independent Practice

In the competency area of independent practice, further differentiation in the roles of FNPs, AGPCNPs, and AGACNPs occurs. FNP competencies specifically mention care of pregnant women in addition to postnatal and prenatal care. Other areas of focus in FNP competencies are care of individuals with developmental delay, learning disability, attention deficit hyperactivity disorder, autism spectrum disorder, and functional concerns, including elderly and disabled individuals. FNP curriculum content also mentions bullying, victimization, and resiliency. These additional competencies characterize the FNP focus of across the life span, ranging from birth to end-of-life.[12]

Additional independent practice competencies for the AGPCNP place emphasis on care coordination for older adults and specifically mention incontinence, falls, geriatric syndromes, multimorbidity, frailty, disability, and age-specific assessment tools (eg, cognitive assessments). Independent practice concepts for AGPCNPs also include Centers for Medicare and Medicaid Services rules and regulations for billing and practice law regarding NPs in skilled nursing, rehabilitation, hospice, long-term care, and residential care settings. There is also curriculum content on prescribing physical therapy, occupational therapy, and speech therapy. AGACNP independent practice competencies focus on the care of acutely ill, critically ill, and chronically ill individuals, including use of advanced therapies and diagnostics such as mechanical ventilation, hemodynamic monitoring, tube and line insertion, and electrocardiogram, among others.[2]

FNP, AGPCNP, and AGACNP Certification Examinations

Populations

Certification examinations for FNP, AGPCNP, and AGACNP candidates vary significantly. FNPs and AGPCNPs are primary care providers certified by the American Nurses Credentialing Center (ANCC) and/or the American Academy of Nurse Practitioners Certification Board (AANPCB). AGACNPs are certified for acute settings by the ANCC and/or American Association of Critical Care Nurses. AANPCB breaks down its examination outline according to the percentage of questions about content domains and by age group. Additionally, AANPCB also uses consistent terminology for its content breakdown, which allows for easier comparison. ANCC and American Association of Critical Care Nurses do not address the percentage of questions according to age-group. Furthermore, the ANCC content domains and terminology are inconsistent between examinations, making comparison more difficult. See Table 3[13-16] for a breakdown of examination differences.

In line with the population focus, the AANPCB primary care AGNP examination focuses on older adults much more than the FNP examination (50% vs 28%, respectively).[13,14] Furthermore, the AANPCB primary care AGNP examination outline specifically states "frail elderly" as a population subcategory, indicating that AGPCNPs also focus on the care of older adults with physical and cognitive disabilities beyond normal aging. The FNP examination includes more population subcategories due to the focus across the life span.[13]

Content Domains

Content domains are similar between the 2 primary care AANPCB examinations. According to the ANCC examination outline, FNP and AGPCNP examinations place equal emphasis on patient assessment (21% vs 23%, respectively), and the FNP examination places slightly less emphasis on professional role than AGPCNP examination (10%

Table 3
Certification Examination Content Breakdown by Specialty[13-16]

	FNP	AGPCNP	AGACNP
Certifying bodies	AANPCB and ANCC	AANPCB and ANCC	ANCC and AACN
Content by age group (AANPCB only)	Prenatal (3%) Pediatric (14%) Adolescent (18%) Adult (37%) Geriatric (21%) Elderly (7%)	Adolescent (7%) Adult (43%) Geriatric (37%) Frail elderly (13%)	Not specified (adult only)
Content domain	AANPCB Assess (36%) Diagnose (24%) Plan (23%) Evaluation (17%) ANCC Assessment (21%) Diagnosis (26%) Clinical management (43%) Professional role (10%)	AANPCB Assess (35%) Diagnose (25%) Plan (21%) Evaluate (18%) ANCC Patient assessment process (23%) Plan of care (62%) Professional practice (15%)	ANCC Core competencies (23%) Clinical practice (45%) Professional role (32%) AACN Clinical judgment (79%) Factors influencing health (3%) Multisystem issues (10%) Professional caring and ethical practice (21%)
Specific content differences	AANPCB Population health Social determinants of health Practice management Diagnostic interpretation of Electrocardiogram and x-ray Fluorescein dye ANCC Genetic assessment Crisis management Age-appropriate screenings Resource management Guardianship Bioethics Research appraisal	AANPCB Inclusion of caregiver in assessment and treatment Differentiating normal and abnormal changes associated with aging Polypharmacy Advance care planning Palliative and end-of-life care Pain management Interprofessional practice Information management Settings of care and transitions between care settings Comorbidity/multimorbidity Crisis management/disaster preparedness ANCC ADLs, IADLs, DME Effect of aging on physiology and pharmacology Polypharmacy and deprescribing Advance directives and palliative care Management of comorbidities Abuse, exploitation, neglect	ANCC Pain management Advanced directives Palliative, end-of-life care Acid-base disorders Trauma Shock Standardized assessment tools Health policy and systems Quality improvement Relationship development AACN Ultrasound-guided procedures Initiate and manage mechanical ventilation Insert and remove small-and large-bore chest tubes Multimodal oxygen therapy Emergent intubation Extubation Needle thoracostomy Renal replacement therapies Small-bore feeding tubes Care for organ and tissue donors Perform lumbar puncture Brain-death testing Physical restraints

AACN = American Association of Critical Care Nurses; AANPCB = American Academy of Nurse Practitioners Certification Board; ADL = activities of daily living; AGACNP = adult-gerontology acute care nurse practitioner; AGPCNP = adult-gerontology primary care nurse practitioner; ANCC = American Nurses Credentialing Center; DME = durable medical equipment; FNP = family nurse practitioner; IADL = instrumental activities of daily living.

vs 15%).[14,15] Otherwise, the terminology used in the ANCC examination outlines makes comparison difficult because one examination outline uses the terms “diagnosis” and “clinical management” (FNP), whereas the other uses “plan of care” (AGPCNP). Diagnosis is listed as a content area under “plan of care” for AGPCNPs.[14,15]

When specific content differences within each domain is examined, the AGPCNP’s specialized knowledge of older adults becomes even clearer with the ANCC and AANPCB examinations. Content specific to AGPCNPs includes effects of aging on physiology and pharmacology. This is further extended to specific mention of polypharmacy and deprescribing. Other topics of importance that are specifically mentioned in the AGPCNP examinations but not in the FNP examinations are palliative care, advanced care planning, abuse, exploitation, neglect, multimorbidity, inclusion of caregivers, and transitions between care settings.[5,13,14] All of these content areas set the AGPCNP apart as a provider who can provide care to older adults and adults with significant comorbidity.

Unlike the FNP and AGPCNP content domains, the AGACNP content areas reflect the care of acutely and critically ill adults, including those with trauma, sepsis, and shock. The AGACNP can order, manage, and evaluate lifesaving and life-sustaining measures such as intubation, mechanical ventilation, chest tubes, and feeding tubes. The AGACNP is also expected to have knowledge of quality improvement, advanced care planning, palliative care, and end-of-life care.[17,18]

Common Comparisons of FNP, AGPCNP, and AGACNP

Education

FNPs are often thought to have a broader education than AGNPs due to their knowledge of caring for individuals from “womb to tomb.” However, there are only a small number of developmental years that AGNPs are not educationally prepared to manage. FNPs’ educational competencies prepare the FNP to care for individuals and families across a life span, with an emphasis on delivering family-centered care.[12] AGACNPs’ educational competencies focus on caring for those in late adolescence to frail older adults. The AGPCNP curriculum focuses on educational competencies that support care across the age spectrum from adolescents to frail older adults.[2] See Table 4.

Table 4
Comparison of Family Nurse Practitioner, Adult-Gerontology Primary Care Nurse Practitioner, and Adult-Gerontology Acute Care Nurse Practitioner

Variable	FNP	AGPCNP	AGACNP
Population or age served	Infant to older adult	Early adolescence to older adult	Late adolescence to older adult
Patient acuity	Stable acute or chronic	Stable acute or chronic	Complex acutely ill, chronically ill, stable acute or chronic
Practice setting	Nonhospital	Nonhospital	Hospital and/or nonhospital
Most common setting	• Family practice • Primary care • Urgent care	• Primary care • Geriatrics • Hematology/oncology	• Critical care (inpatient) • Cardiology (outpatient) • Hospitalist
Top 3 diagnoses treated	• Abdominal Pain • Urinary tract infection • Gastroesophageal reflux disease	• Anxiety • Abdominal Pain • Hypertension	• Hypertension • Heart Failure • Diabetes
Median base salary	$110,000	$110,000	$126,000

AGACNP = adult-gerontology acute care nurse practitioner; AGPCNP = adult-gerontology primary care nurse practitioner; FNP = family nurse practitioner.

The World Health Organization defines adolescents as individuals between 10 and 19 years old.[1] Following this world recognized definition, AGPCNPs are educationally prepared to care for individuals for all but 9 years of their lives (ages >10), and AGACNPs are equally prepared to care for the population once they reach late adolescence. With the average life expectancy in the US being 77.3 years, AGNPs are well suited to care for individuals for at least two-thirds of their lives, whether acute, chronic, or in a primary care setting.[19]

Practice Setting

A common misperception is that the FNP role is "more marketable" than the AGNP role due to the life span approach. Potential students may fear future limitations in their scope of practice or clinical setting if they pursue an AGNP role rather than an FNP role. For example, ThriveAP (2017) is an informational blog geared toward nurses who are unsure of which population focus to choose. This blog states that choosing the AGNP route may get the NP "into trouble" because AGNPs are "more limited" than FNPs.[20] University of Cincinnati Online (2021) states that the FNP route provides "greater flexibility" in practice.[21]

In reality, this is not the case. AGPCNPs are not limited in outpatient practice scope or setting, which, like the FNP role, may vary based on individual state regulations. The only difference between them is the ages treated, and thus, practice settings do differ as addressed subsequently. Furthermore, other than neonatal and acute care pediatric NPs, AGACNPs are the only other NPs who are educated specifically to care for acutely ill hospitalized patients.[2]

Because of the different population foci, AGNPs and FNPs tend to work in different settings and manage different illnesses in practice. The top clinical areas for AGACNPs are inpatient settings, including critical care, cardiology, and hospitalist roles. This is compared with FNPs, who most often see patients in family practice, primary care, and urgent care clinics. The most common clinical foci for AGPCNPs are primary care, geriatrics, and hematology/oncology. The top diagnoses treated by AGACNPs are hypertension, heart failure, and diabetes, whereas the top diagnoses treated by AGPCNPs are anxiety, abdominal pain, and hypertension. The top diagnoses treated by FNPs are abdominal pain, urinary tract infection, and gastroesophageal reflux disease.[2,22,23] See Table 4.

Salary

Another myth is that FNPs receive higher salaries than AGNPs. In reality, salaries for all NP specialties vary depending on geographic location, clinical setting, and years of experience, thus making comparison difficult. According to a 2019 survey of advanced practice registered nurses, acute care AGNPs were among the highest paid of all NPs,[24] whereas PayScale.com states that FNPs earn more than AGNPs ($96,522 vs $90,840).[25] It is important to note the FNPs that participated in the survey had more years of practice on average than the AGNPs, which may help explain the difference in salary. A recent AANP survey of NPs reported the annual base salary was $110,000 for FNPs and AGPCNPs and was $126,000 for AGACNPs.[26] See Table 4.

Discussion

FNPs care for individuals and families across the life span, including pediatric and pregnant patients. AGNPs care for adolescents, adults, and older adults. The data support that there is only a small window of years (less than a decade) for which AGPCNPs are not educationally prepared.[2,12] The National Center for Health Statistics reported that the number of office-based physician visits in 2018 was greatest for those <1 year old and >64 years old, with the highest number of visits taking place for those ≥18 years old.[27] The birth rate in the US has steadily declined over the past decade, with the lowest number of births since 1979.[28] With fewer babies being born and our aging population, the need for NPs educationally prepared to care for those into late adulthood grows even more significant. The projected 42.4% population increase in adults aged ≥65 years and the continued health care provider shortage in primary care and specialty care necessitates providers prepared to care for the aging population.[29]

The leading causes of death for all age groups in 2020 (with the exception of coronavirus disease 2019) were heart disease, malignant neoplasms, unintentional injury, cerebral vascular accident, chronic low respiratory disease, Alzheimer disease, and diabetes. For unintentional injury, 21% of deaths were related to falls.[30] A review of population-specific competencies indicates that AGNPs are best equipped to manage these concerns and prevent years of potential life lost. Unfortunately, the recent coronavirus disease 2019 pandemic not only disproportionately affected older adults but also demonstrated that we are not prepared to support this population through crisis. More AGNP programs are needed to meet the growing demand for health care providers with expertise in geriatrics and multimorbidity.

A review shows differences exist in competencies, curriculum content, and certification examinations among FNPs, AGPCNPs, and AGACNPs. AGNPs are taught from an enhanced core curriculum with a more detailed focus on syndromes that are specific to adults and older adults; whereas, FNPs have fewer additional competencies added to their curriculum compared with AGNPs.[2,12]

AGNPs are taught content on specific geriatric syndromes, unique physical and mental health challenges associated with aging, and have an increased understanding of the aging process. Current AGNP curricula need to ensure that these additional competencies are being acquired. Given the additional competencies for AGNPs, coursework should contain robust content, including aging theory, advanced directives, and end-of-life care; managing

transitions in care, ethical considerations, such as autonomy, and billing and coding for skilled nursing and long-term care, among many other topics outlined above. This content could be provided through an additional course specific to older adults or woven throughout the curriculum. AGNP faculty should map their current curriculum to ensure these competencies are being met.

Practicums for AGPCNPs should include additional experience at clinical sites where comorbidities and vulnerability are common (eg, skilled nursing, Veterans Administration facilities, and home-based primary care) to best prepare AGNP graduates.

Conclusion

AGPCNPs are well poised to care for a broad range of patients, from the adolescent to the frail older adult, and more specifically, those in the largest office visit groups aged ≥18 years. The expanding complexities of the older adult and the growing disparity between the number of providers of geriatric health care and the number of geriatric patients has precipitated the increased need for AGACNPs in critical care settings. With the rise in the number of people living longer due to advances in medicine and technology comes the need for health care providers to care for older adults for both acute and chronic illness. AGNPs have the educational capacity and scope of practice to meet these needs, but the academic institution must also recognize the paucity of AGNP programs available in the US and aim to fill that void by growing the number of programs and increasing student volume in current programs. This initiative should be led by AGNP educators, clinicians, and patient advocates.

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