The Academy has been involved with the concept of the pediatric nurse associate (PNA) since its evolution in the early 1960's. At that time it was recognized that there were children in this country who were receiving inadequate or no health care. In addition, predictions were being made of an impending physician shortage. It was also becoming increasingly apparent that there was a reservoir of health professionals who were not being utilized to their fullest potential within the health care system. This reservoir was nursing; thus, the concept of the PNA was conceived, developed, and has continued to grow over the past ten years.

The education of the PNA has many unique aspects, for in this endeavor medicine and nursing assume joint responsibility in the development and administration of the educational programs. The PNA is a professional nurse with additional education in the field of child health care. In addition to his/her nursing role, she/he assumes certain functions and responsibilities which traditionally have been the domain of medicine. In the provision of these medical services the PNA functions under the supervision, direction, and review of the physician. Thus, it is imperative that medicine be actively involved, not only in the educational process, but also in the development of the role of the PNA within the health care system.

There have been many changes not only within the specialty of pediatrics, but also within the health care system in general in recent years. To mention a few: a decline in the birth rate; the development of national health programs; rapid expansion of medical schools and classes; an increased emphasis on primary care and avoidance of fragmentation of care; the emergence of the family physician; and a crisis in the medical profession regarding professional liability coverage.

In June 1975, the Academy's Executive Board, in recognition of these changes and the tensions they have created regarding the need for the pediatric nurse associate, delegated to an Ad Hoc Committee of the Board the responsibility for developing a proposal for future Academy policy in relation to the PNA. This Committee was comprised of representatives from the Committee on Pediatric Manpower and the members of the Executive Board.

At the October 1975 Academy Executive Board meeting, this Board carefully reviewed and unanimously approved the policies prepared for the Academy in relation to the PNA.

The major recommendation of this report is as follows: The American Academy of Pediatrics reaffirms its support of the role of the Pediatric Nurse Associate functioning under the supervision and direction of the pediatrician as one of several modes or models of delivery of primary health care to children recognizing that this will enhance, not diminish, the role of the pediatrician who chooses to use the team approach. The American Academy of Pediatrics opposes free-standing, independent practice by PNAs.

To briefly summarize the actions for implementation of this policy, the AAP will:

1. In conjunction with nursing, develop an appropriate certification examination for the PNA.
2. In conjunction with nursing and other
interested organizations, participate in the development of an appropriate accreditation mechanism for PNA programs.

(3) Provide appropriate information to interested groups concerning AAP policy relative to the PNA.

(4) Foster the development of forums for education exchange among PNAs, pediatric nursing personnel, and pediatricians at national, district, and state levels. And in conjunction with nursing, the Academy will develop educational programs specifically designed for the PNA.

(5) Support the participation of members of the National Association of Pediatric Nurse Associates/Practitioners (NAPNAP) in the activities of the Academy. Presently, the President of NAPNAP serves as a liaison member on the AAP Committee on Pediatric Manpower. A NAPNAP member also serves as a liaison representative to the Committee on Community Health Services.

(6) Monitor activities relative to the PNA which occur at the level of the federal government, e.g., appropriation bills for nurse training. Maintain as far as possible active physician input into these activities.

(7) Encourage the participation of pediatric departments both in the development of and in the maintenance of ongoing responsibility for PNA training programs. (A) Pediatric residency program directors should consider participation in PNA training programs, portions of which would be conducted in conjunction with their programs for training pediatric residents for primary care. (B) Practicing pediatricians will be encouraged to participate in the instructional programs for PNAs through preceptorships and other means. (C) The directors of PNA training programs will be encouraged to develop the major part of the curriculum so as to emphasize preparation of the nurse to function in a modern pediatric office setting as well as in the public health setting.

In consideration of future Academy policy, foremost among the goals and objectives to be served is the promotion of the highest quality of health care for all children in this country. In keeping with this goal, the Ad Hoc Committee proposed the policies summarized above for the following reasons:

(1) In view of the increasingly comprehensive care the pediatrician is being called upon to provide, effective utilization of the team approach in some settings will promote the availability of a greater quantity as well as a higher level of quality of care.

(2) Estimates of the numbers of physicians to be trained in the future and population growth trends suggest the health care system can accommodate the PNA working under the supervision of the pediatrician.

(3) Inherent in the delivery of quality pediatric care is the competence of the individual providing such care. In addition to his/her nursing role, the PNA is assuming certain functions and responsibilities which have traditionally been the domain of medicine. It is therefore essential that medicine be involved in the educational programs preparing the PNA and in the evaluation of the competencies of the PNA. The Academy will fulfill this responsibility by participation in activities regarding the accreditation of PNA programs and certification of PNAs.

(4) Society, in general, is placing tremendous demands on the medical profession. The pediatrician is being requested to deal with many complex issues in the field of child health care. Utilization of the team concept is again one mechanism for meeting these demands and enhancing the professional, intellectual, and personal satisfaction of the practice of pediatrics.

In summary, it is felt that the support of the PNA as an integral part of the pediatric health care team will help to promote the needs and demands of present and future health care systems.

Executive Board,
American Academy of Pediatrics
performed within 24 hours of the onset of symptoms, there is a good chance for return of muscle function. If the delay in diagnosis and treatment is longer than four days, it appears unlikely that any muscle function will return.

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Correction

The title of the AAP Executive Board Statement was incorrectly listed on the cover and contents page in the April issue (Pediatrics, 57:467, 1976). The title should have read "Academy Policy in Relation to the Pediatric Nurse Associate."
Academy Policy in Relation to the Pediatric Nurse Associate
Executive Board, American Academy of Pediatrics

The online version of this article, along with updated information and services, is located on the World Wide Web at:
## Academy Policy in Relation to the Pediatric Nurse Associate

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