

# AMERICAN ACADEMY OF NURSE PRACTITIONERS

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Administration: P.O. Box 12846 • Austin, TX 78711 • 512-442-4262 • Fax 512-442-6469 • E-mail: [admin@aanp.org](mailto:admin@aanp.org) • Web Site: [www.aanp.org](http://www.aanp.org) Office of Health Policy: P.O. Box 40130 • Washington, DC 20016 • Phone: 202-966-6414 • Fax: 202-966-2856 • E-mail: [dcoffice@aanp.org](mailto:dcoffice@aanp.org)

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### COMMENTS ON NCSBN VISION PAPER

Over the past two years an APN task force made up of advanced practice educator, certification, accreditation and regulatory organizations has been meeting regularly to deal with problems related to credentialing advanced practice nurses and specifically to deal with the issue of nurse practitioners with subspecialty education and the credentialing of clinical nurse specialists. This group has shared their documents with advanced practice stakeholders on several occasions as they have worked on resolving the problems that have been raised by some state boards of nursing. The NCSBN has been a part of the deliberations of that group. The group was on the verge of consensus when the NCSBN Vision Paper was released by their advanced practice task force that has been operational in the NCSBN for some time. While the APN task force has taken steps to correct problems within the current unbroken system, the NCSBN task force has seized the opportunity to use these same solvable issues to recommend revamping portions of the advanced practice educational and credentialing system in this very destructive document.

The document, which advocates for generalist nurse practitioner educational preparation and a single generalist licensing examination for nurse practitioners, rationalizes its position with misleading statements in the preamble and the body of the document. It sets double standards that allow one part of the APN community to continue to function as it has, while advocating for major changes in another part. It argues that the processes that are used by all groups are acceptable for some and not acceptable for others. Most concerning of these are the arguments supporting generalist NP examinations that conflict with the rationale to allow specialist testing for nurse midwives and nurse anesthetists. If a licensure examination is necessary for APRNS, as stated, it should be a test for all APRNs and not for only one arm of the APRN community. The document makes multiple statements that impune the reputation of educational, certification and accreditation programs, while ignoring the documentation that reinforces the high standards that are being maintained by each of these entities. Finally it ignores the work of the APN task force of which they have been a part for the past two years.

It is our hope that this vision paper is indeed a draft that has been put forth as a discussion paper for all professional stakeholders, and not a mandate for expected behaviors.

#### **Discussion of the recommendations put forth in the Vision paper**

The paper recommends that the BON be the sole regulators of advanced practice nurses. While this is the regulatory body that should function as regulators of advanced practice nurses, it is important to remember that the education and scope of practice of a profession is determined by the profession.

Recognition of nurse practitioners needs to be at the specialty level. If the Boards of Nursing are truly concerned about protecting the public safety, then recognition and credentialing need to be at the specialty level.

Graduate nursing education is based on the premise that the generalist nurse is specializing in an advanced practice field and should, therefore, be recognized and credentialed in the specialty in which they were prepared.

Regulation should not be carried out at the subspecialty level. However, to remove specialty recognition because of problems with subspecialization (which is being addressed) is counter productive.

Program approval should be conducted by a professional accrediting body with experts knowledgeable in the specialties of the advanced practice nurse.

Educational program content and scope of practice should be determined by the profession. Regulators base their approval on the profession's determination of these.

A core examination for nurse practitioners will test nothing. Master's preparation is specialty oriented and should be evaluated as such.

Residencies/final practicums already exist in most programs and should continue to be a part of the program and not something tacked on after program completion and regulatory recognition is established. While all agree that clinical preparation and experience is vital to quality patient care; it should be an inclusive part of the educational program and evaluated at the specialty level.

Accounting for continuing competency is already in place through the current certification programs. In order to be accredited, certification programs must demonstrate that continuing competency is being monitored for its certificants.

The model being suggested is inconsistent and sets double standards within the APRN community. It mirrors the physician assistant model, which requires supervision of generalist clinicians in specialty practice. Even the medical community has moved away from this model with its emphasis on specialty practice. Yet this document recommends moving to the generalist model for nurse practitioners.

The rationale for this model is unclear, in light of the tremendous track record nurse practitioners have established over the last 40 years. Nurse practitioners have been demonstrated to be safe, high quality healthcare providers who have attended standardized high quality accredited programs, been certified by accredited certifying organizations and demonstrated high quality outcomes in the care that they provide.