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March 23, 2006

Donna Dorsey, MS, RN, FAAN
President
National Council of State Boards of Nursing
111 East Wacker Drive
Suite 2900
Chicago, Illinois 60601

Dear Ms. Dorsey,

The National Association of Pediatric Nurse Practitioners (NAPNAP) is committed to working with the National Council of State Boards of Nursing (NCSBN) to ensure that advanced practice pediatric nurses provide safe, high-quality care to children and their families. We are pleased to see that the NCSBN shares these values and is working to articulate them in your paper, *Vision Paper: The Future Regulation of Advanced Practice Nursing*. This letter is NAPNAP's response to the Recommendations 1-8 on page 17-19 of the document. We agree with, and support, Recommendations 1, 4, 6, 7 and 8. However, we have grave concerns and oppose Recommendations 3 and 5. Further, most professional documents addressing advanced practice nurses (APN) in the last five years have included clinical nurse specialists (CNS) in the definition of an APN. We are opposed to removing CNS from the classification in this document, as well as language that grandfathers current CNS's as nurse practitioners.

Overall response: NAPNAP has confidence in the education and certification processes that have prepared pediatric nurse practitioners (PNPs) for the past 35 years. Academic institutions and certification bodies maintain rigorous programs with high standards, resulting in excellent practice by PNPs, who serve thousands of children and families daily. Currently, master's programs in nursing that prepare nurse practitioners operate under a set of standards as outlined in the American Association of Colleges of Nursing (AACN) Master's Essentials and the National Organization of Nurse Practitioner Faculties (NONPF) nurse practitioner competencies developed and endorsed by professional nursing organizations and accrediting bodies. Indeed, educational programs are evaluated and accredited according to their compliance with these educational standards. As nurse practitioner education moves to, and adopts, the practice doctorate (DNP), there are higher expectations of what the essential content and competencies must

be. Accordingly, AACN and NONPF have developed drafts of the DNP Essentials and the DNP competencies that complement and build on those standards that are already in place. NAPNAP stands ready to help disseminate this important information to all Boards of Nursing members of NCSBN.

Recommendations 1, 4, 6, 7 and 8: We strongly support your recommendation that Boards of Nursing be the sole regulators of advanced practice nursing. It is important to the status of a profession that the profession itself is the most knowledgeable and most qualified to regulate its practice. The categories of nurse anesthetist, nurse midwife and nurse practitioner are easily recognized by the public and other health professionals for their unique knowledge base, education and scope of practice, so we concur with your second recommendation. NAPNAP firmly believes, as you do, in the importance of established educational requirements for advanced practice and therefore supports your fourth recommendation. Since 1979, NAPNAP has engaged in providing outstanding continuing education and has endorsed certification for all PNPs as a public statement of our belief in the importance of continued competency. Indeed, we appreciate the 40 states and District of Columbia that require national certification for APRN recognition and practice. We applaud your sixth recommendation regarding the importance of continued competency verification. Furthermore, we wholeheartedly support your seventh recommendation that fully licensed APRNs be independent practitioners. We have no concerns with the Advanced Practice Compact as described in your paper.

Recommendations 3: We are gravely concerned with the use of the word approve. NAPNAP agrees that Boards of Nursing should recognize programs that are accredited by CCNE or NLNAC. While periods of accreditation may extend over several years, CCNE and NLNAC require yearly updates and notification of any substantial changes in programs of study. Access to information regarding the status of programs whose accreditation is challenged, or those not approved, is public knowledge. Therefore, it is absolutely unnecessary for licensing boards to evaluate the adequacy of APRN programs.

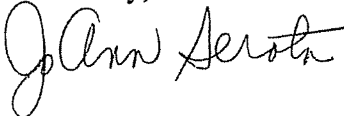
Recommendation 5: As stated in our March 23, 2006 joint letter with the Association of Faculties of Pediatric Nurse Practitioners (AFPNP) and the Pediatric Nursing Certification Board (PNCB), NAPNAP has very serious reservations about promotion of a core nurse practitioner licensure examination and residency program. While the PNP scope of practice is defined by a population, entry into practice is not defined by population, lifespan or settings. Rather, it is established by educational preparation; currently at the master's level and at the DNP level as of 2015. Any additional examination would require additional cost, act as a barrier to the educational process, and further restrict the production of APRNs. NAPNAP affirms that NCLEX is the generalist examination for entry into practice. Graduate education may be at the generalist level, as in an administration focus, or specialized as in PNP education. In the case of specialized nursing education, national certification examinations validate knowledge and skills that Boards of Nursing can utilize in assessing a candidate for licensure. Most BONs are already using national certification as a requirement for recognition and practice as an APRN. NAPNAP is not aware of any evidence that suggests inadequacies in the current certification organizations' examination processes. Indeed, certification organizations

have demonstrated excellence through psychometrically sound examinations, based on reliable role delineation studies, expert test construction, and ongoing evaluation of the examination process. Further, we question what the possible content might be of a core examination and how it might improve or guarantee competency as a practitioner. Again, we have no awareness of data that suggests that current certification examination and maintenance is deficient in protecting the public safety.

We strongly and steadfastly oppose the addition of any residency program requirement; ***this already exists*** in our advanced NP programs. APRN students are currently required to have supervised clinical experience in their area of specialty that meets the standards set by the Department of Health and Human Services, NONPF, AACN, and NP certification organizations. Concurrent integration of didactic and clinical practica in educational programs, as currently structured, is pedagogically sound and provides the foundation for highly effective, autonomous and safe practice. High quality care, provided by NPs, has been substantiated by a growing body of research.
Over regulation and unnecessary barriers do not promote the continued evolution of advanced practice nursing, nor do they assist in attracting nurses to avail themselves of graduate education. We have a system that has been successful and responsive to health care needs in the past and is being refined to address APN practice in the future with the implementation of the doctorate in nursing practice. AACN, NONPF, professional organizations, academic institutions and health care organizations are currently working collaboratively on standards for education and competencies to ensure safe and effective care; and in preparing leaders who will help structure our health care systems of the future. APRN competencies are readily available to the public; a public education campaign may well serve the public better than additional and unnecessary regulation.

In conclusion, NAPNAP is in support of many of the recommendations put forth in the *Vision Paper: The Future Regulation of Advanced Practice Nursing*. However, we cannot ignore the serious consequences that would result if recommendations three and five were adopted. We would be happy to work with you on a mutually agreeable solution to the issues that we have identified. We look forward to an ongoing dialog to resolve our concerns.

Sincerely,



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The National Association of Pediatric Nurse Practitioners