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The Future of the Gerontological Advanced Practice Nurse

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What is the future of the Gerontological Advanced Practice Nurse (GAPN)? Is it true that the GAPN is going the way of the VCR, cassette recorders, floppy disks, and slide rules? *Au contraire!* How could it be, when everyone quotes the statistic that by the year 2030, 20% of the U.S. population will be over age 65? This is the time for GAPNs, not their demise.

In July the Advanced Practice Registered Nurse (APRN) Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee released the "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education." The full document can be accessed on the Web at www.aacn.nche.edu/Education/pdf/APRNReport.pdf.

This model was developed to address concerns about the lack of consistency from state to state with regard to licensure of APRNs. In the introduction to the report, the point is made that the scope of practice, certification recognized for entry into practice, and even the roles that are recognized vary from state to state. These differences make movement from state to state difficult and in some cases require even experienced APRNs to take additional course work to continue to practice. The overall goal of the new regulatory model is consistency and portability of APRNs.

What Is the NCSBN?

The NCSBN is an organization with representatives from 50 states, the District of Columbia,

and 4 U.S. territories. The NCSBN's purpose "is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing." The NCSBN developed the National Council Licensure Examination (NCLEX) for licensure of RNs and passed a mutual recognition model for RN regulation in 1997. The goal of mutual recognition by all members of the NCSBN remains elusive with less than half of the states—only 23—having agreed to the Nurse Licensure Compact (NLC). This is an important perspective to keep in mind when considering the proposed model for APRN regulation; it is a model for the future, and although there is a proposed time line, the key word is "proposed."

How Is the NCSBN linked to APRNs?

The NCSBN became involved with APRNs when states began to use certification exams as one of the requirements for APRN licensure. Using an approach similar to licensure for RNs, in 1993 the NCSBN developed a model for legislation language and administrative rules for APRNs. Charged with protection of the public, state boards of nursing became concerned about the multiple avenues to APRN practice and the increasing number of subspecialties. They began to work with APRN certification organizations to ensure that their examinations were "psychometrically sound and legally defensible" (p. 12).¹ The current proposal emanated from a vision paper

that was drafted in 2006 and circulated to boards of nursing and key stake holders.

Who Else Was Involved?

In parallel with the efforts of the NCSBN, an APRN Consensus Group was formed in 2004 between the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculty (NONPF) to develop a consensus on APRN credentialing. Fifty organizations were invited to participate in the APRN consensus process. Finally a work group of 23 organizations was formed to represent the certification, licensure, education, accreditation, and practice aspects of advanced practice. This group formed the APRN Consensus Work Group who with the NCSBN Advisory Committee authored the current document, the "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education." A complete list of participating organizations is available in Appendix C, p. 29, of the document available at www.aacn.nche.edu/Education/pdf/APRNReport.pdf.

The Proposed Model

The new model addresses APRN roles that focus on patient care, Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs). Not all nurses with advanced degrees will be affected by this model; for example, it

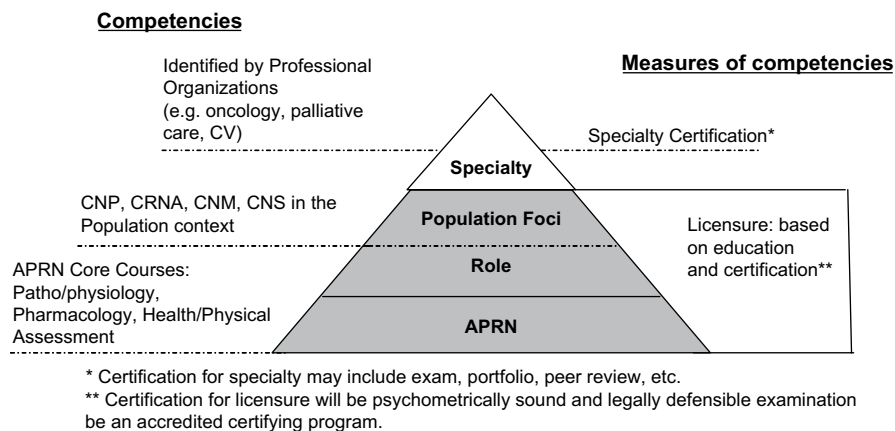


Figure 1. Proposed overall structure.

will not pertain to nurses with advanced degrees in informatics or public health. The overall structure identifies core competencies and measures of those competencies (Figure 1).

The model identifies a core of courses—pathophysiology, pharmacology, health, and physical assessment—that prepares students for any of the roles and skills that are necessary for a graduate to become licensed. An area of controversy has been the population foci. It is this level of the model that will be the preparation for licensure. In an early draft of a proposal to change the regulation of APRNs in 2006, the NCSBN suggested an NCLEX-like exam for APRNs that would cover cradle to grave care. One argument made against this proposal was that all APRNs are prepared as generalists at the RN level, and preparing APRNs to take a generalist exam at the advanced practice level would be unrealistic and would not meet the needs of our patients. The depth of preparation for practice would be lost. The resulting structure illustrated in Figure 1 was further defined in the regulatory model shown in Figure 2.

At the top of the model are APRN specialties. Gerontology is now included in this category, along with specialties such as oncology and palliative care. Rather than licensure, these specialties will be certified and regulated by the professional organizations.

How Does This Affect Gerontological APRNs?

Noticeably absent from this model is gerontology as a unique population focus. This means that in the future, APRNs would not be prepared with a sole gerontological focus for licensure, but rather that it would become a specialty focus. Although the rationale for excluding GAPNs from the population focus may be considered weak, the arguments for broadening the inclusion of gerontological concepts in the adult program were compelling. The Joint Dialogue Report emphasizes that “The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the 4 roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population” (p. 9).²

So what does that mean to those APRNs who were prepared as GAPNs? Those currently in practice will almost certainly receive grandfathering that will allow them to continue to practice for the rest of their careers. Recently, criteria were developed to allow adult, family, and acute

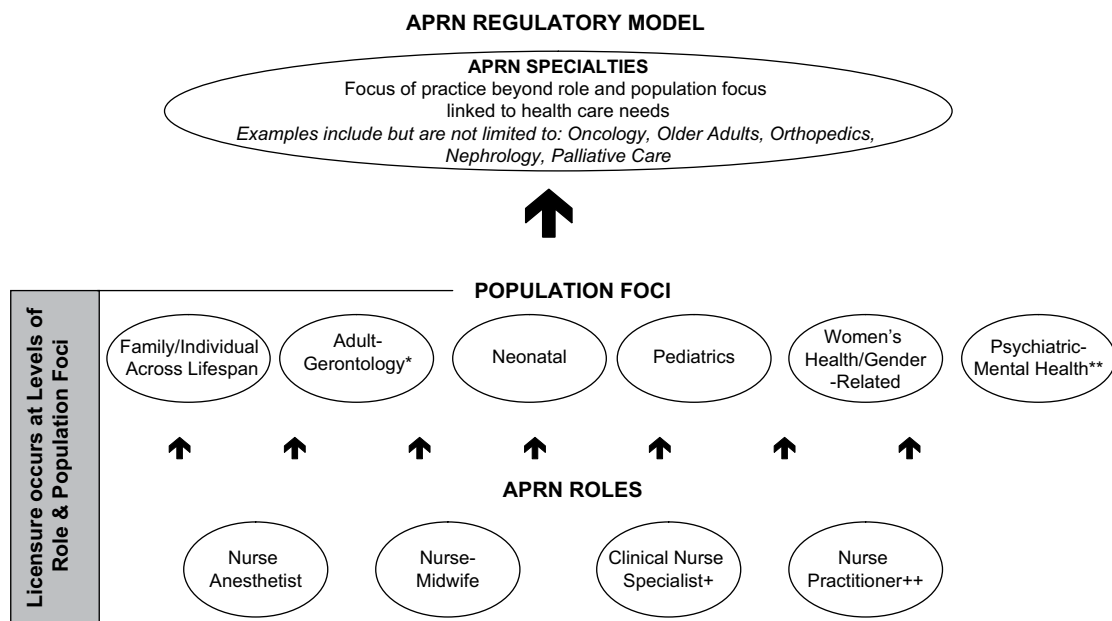


Figure 2. Regulatory model.

care nurse practitioners to take the ANCC GNP certification exam as a secondary certification. Perhaps in the future, similar criteria will be developed for GAPNs to take the new Adult/Gero exam when it is developed. Regardless of the details, gerontological expertise is not going away. The expertise of GAPNs in caring for older adults will become an essential feature to implementing the new model. Those prepared with the specialty of gerontology will be more in demand than ever before as the experts who provide the gerontological content across the advanced practice roles that care for the adult population, in addition to continuing to provide consultation and care to the most vulnerable adults.

When Will This Be Implemented?

The Consensus Model offers a proposed timeline for implementation by 2015. It will be a challenge to realize this goal. Implementing the regulations requires that states open up their Nurse Practice Acts. For some states, the proposal would represent greater restrictions than are currently required. A similar goal of portability for RNs, the Nurse Licensure Compact, is still struggling a decade after it was initiated.

The Bright Side

There is a bright side to this for GAPNs. Our expertise is being recognized as essential to the knowledge base for all roles charged with caring for adults. The opportunity for GAPNs to spread the passion they have for caring for older adults to their colleagues in adult-, family-, gender-specific, and psychiatric populations is fantastic. Academic programs will be expanding gerontological content included in all of their programs with an adult focus. Not all colleges and universi-

ties will have faculty with that expertise and community clinicians will need to serve as consultants to those programs. Perhaps the lowly long-term care institution that may not have been included as a site of practice for adult, family, or women's health programs will now become a requirement. Rather than viewing the "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education" as the end of GAPN, the opportunities for those with gerontological specialization should become the focus. Although we have not been able to increase the numbers of GAPNs to meet the demand for gerontological expertise, the consensus model provides for a future that will increase gerontological preparation for all APRNs caring for adults while acknowledging the GAPN as a specialist in their field.

References

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