Evolution of the
Gerontological Nurse Practitioner
and the
Gerontological Advanced Practice
Nurses Association:
1981—2011

Compiled by the
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2012
The GAPNA Historical Committee

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# Table of Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Geriatric Nursing: The Early Years</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1904—1980 Nursing Care for Older Adults</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1975—1985 Mountain States Health Corporation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>The Evolution of the Geriatric Nurse Practitioner — NCGNP</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>The Evolution of the GNP-NCGNP, the Second Decade—the 1990’s</td>
<td>26</td>
</tr>
<tr>
<td>4</td>
<td>The Gerontological Nurse Practitioner and GAPNA: The Third Decade, 2001-2011</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Evolution of the GNP and NCGNP/GAPNA: 2000s, The Third Decade</td>
<td>39</td>
</tr>
<tr>
<td>5</td>
<td>The Future of the Gerontological Nurse Practitioner and GAPNA: 2011 and Beyond</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>The Future of the Gerontological Nurse Practitioner and GAPNA</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>46</td>
</tr>
</tbody>
</table>
Chapter 1
Geriatric Nursing: The Early Years

Introduction

The Gerontological Advanced Practice Nurses Association (GAPNA), is the only national organization of advanced practice nurses (APNs) working with older adults, and includes Gerontological Nurse Practitioners (GNPs), Adult Nurse Practitioners (ANPs), Family Nurse Practitioners (FNPs), and Clinical Nurse Specialists (CNSs). In honor of the organization’s 30th anniversary, this publication was compiled for two purposes. First, the evolution of Gerontological Advanced Practice Nurse (GAPN) role and this organization is reviewed within the context of nursing and health care of older adults from 1981 to 2011. Second, the future of the Gerontological Advanced Practice Nurse (GAPN) role and GAPNA is considered within the context of dynamic health and social policies and a rapidly aging population.

Specifically, the evolution from the National Conference of Gerontological Nurse Practitioner (NCGNP) to GAPNA is outlined by year and summarized by decade in each of three chapters. The national forces in health care and nursing that shaped the GNP role during these 30 years also are examined in three articles about each decade reprinted from the GAPNA Section of Geriatric Nursing. Finally, the current status of the GAPN role and implications for the future of GAPNA are considered in the last chapter and GN article.

The role of the GNP was impacted significantly in 2008 when the National Council of State Boards of Nursing (NCSBN) issued “The Consensus Model for APRN Regulation,” uniform guidelines for advanced nursing practice which blended the GNP and ANP roles into the Adult-Gerontology NP (A/GNP) as a population focus for APRN licensure, and made the care of older adults a specialty linked to health care needs. The target for this integration of GNP and ANP roles is 2015. During this period of dynamic changes in APN roles, the contributions of GNPs and of this organization to advanced practice nursing care of older adults are especially appreciated. To all of these GAPNs and their contributions to the unique population of older adults across America this publication is dedicated.

Changes in the Organization’s Name

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Organization Name</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1982 – Fall 1984</td>
<td>Western Conference of Geriatric Nurse Practitioners</td>
<td>WCGNP</td>
</tr>
<tr>
<td>Spring 1985 – Summer 1985</td>
<td>National Conference of Geriatric Nurse Practitioners</td>
<td>NCGNP</td>
</tr>
<tr>
<td>Fall 1985 – December 2008</td>
<td>National Conference of Gerontological Nurse Practitioners</td>
<td>NCGNP</td>
</tr>
<tr>
<td>January 2009 – Present</td>
<td>Gerontological Advanced Practice Nurses Association</td>
<td>GAPNA</td>
</tr>
</tbody>
</table>
1904—1980 Nursing Care for Older Adults

1902 *American Journal of Nursing* (AJN) published the first article on care of the aged written by an MD; the first article written by an RN was published in 1904.\(^1\)

1925 Geriatric nursing was considered as a possible specialty in nursing in AJN.

1941 AJN published an article on restraint reduction at the Cuyahoga Nursing Home.


First master’s thesis in geriatric nursing was completed by Eleanor Pingrey.

1962 American Nurses Association (ANA) convened the first Conference Group on Geriatric Nursing, in Detroit, Michigan, with 70 attendees.

1965 Under President Lyndon Johnson, the Social Security Amendments of 1965 created Medicare and Medicaid, and the Older Americans Act of 1965 provided comprehensive services for older adults.

1966 ANA established the Division of Geriatric Nursing Practice.

First Geriatric Clinical Nurse Specialist master’s program established at Duke University.

1970 ANA published the first *Standards for Geriatric Nursing Practice*.\(^2\)

1974 ANA began offering generalist certification in geriatric nursing practice (74 certified).

1975 Slack began publishing *Journal of Gerontological Nursing*; the first editor was Edna Stilwell.

1976 ANA changed the title of the Division to Gerontological Nursing Practice, updated the *Standards of Gerontological Nursing Practice*,\(^3\) and began certifying Geriatric Nurse Practitioners.


1977 Kellogg Foundation began funding Geriatric Nurse Practitioner certificate education.

First gerontological nursing track was funded by the Division of Nursing at the University of Kansas.

1979 Lippincott published *Geriatric Clinical Protocols* by Linda J. Pearson and M. Ernestine Kotthoff; contributors were largely the first cohort of Mountain States Health Corporation (MSHC) graduates who also were founding members of Western Conference of Geriatric Nurse Practitioners (WCGNP), including: Beverly Bakkum, Ruth Broderick, Gail de la Cruz, and Joyce Gill.

1980 ANA published *Nursing: A Social Policy Statement*,\(^4\) including ‘Specialization;’ began publishing *Geriatric Nursing with Cynthia Kelly* as the first editor; and established the Council of Long Term Care Nurses.

The National Organization of Nurse Practitioner Faculties (NONPF) was organized, including Geriatric Nurse Practitioners.
1975-1985 Mountain States Health Corporation

“The GNP project is progressing on schedule. As we plan for the evaluation of the GNP we find high interest from federal and private organizations. The concept of using GNP’s has stimulated a great deal of interest.” Pricilla Ebersole, Field Director

1975 -1978 The Mountain States Health Corporation (MSHC), based in Boise ID, received an initial 3-year grant from the Robert Wood Johnson Foundation to educate 25 RNs working in Skilled Nursing Facilities in medically underserved areas to become Geriatric Nurse Practitioners (GNPs).

1978-1990 MSHC was awarded a series of W. K. Kellogg Foundation grants to recruit geriatric nurse practitioner candidates from 11 Western states. The goal was to improve primary care in rural skilled nursing facilities. Registered Nurses (RNs) working in long term care facilities with 100 beds or more were to be trained to provide primary care. These nurses would be called Geriatric Nurse Practitioners much like the newly emerged Pediatric Nurse Practitioners.

- Experienced registered nurses working in nursing homes in underserved Western states were encouraged to apply.
- Three films were produced on the role of the GNP (two films are available).
- Annual meetings of MSHC program graduates were held to facilitate networking. These meetings evolved into an annual conference: The Western Conference of GNPs (WCGNP).

1978 The first phase of Montana GNPs graduated, followed by three additional phases of candidates from Idaho, Arizona, California, Colorado, Idaho, Montana, Oregon, Washington, and Wyoming. They were educated at SUNY-Syracuse, University of Colorado, and Cornell. Doris Schwartz, co-director of the earlier Primex program at Cornell, had experience developing an appropriate curriculum for continuing education programs at those universities. Drs. John Gerdes and Sidney Pratt, the visionaries who wrote the initial grant, mentored and supported these fledgling healthcare providers through their networking efforts with colleges of nursing and nursing home employers under the auspices of the MSHC grant. Pricilla Ebersole, on sabbatical from San Francisco State University, became the Field Director from 1981 to 1985.

1980 At a resort on Lake Coeur d’ Alene, Idaho, MSHC hosted a gathering of 25 GNPs to determine opportunities for educational and professional development. Attendees helped set up a network of support and continuing education. The keynote speaker was Mary Opal Wolanin RN, BA, MPA, an early pioneer in geriatric nursing.
Chapter 2
Trudy Keltz, GNP-BC

WCGNP 1981

The Western Conference of Geriatric Nurse Practitioners (WCGNP) was formed in May, 1981, at Mount Angel Abbey, Oregon. This first conference, “Effect of Nutrition on Health in Later Years,” had 25 attendees.

Mount Angel Abby, St. Benedict OR

MSHC continued to support WCGNP by publishing the newsletter, Pricilla Ebersole, Editor, and funding the conferences and other expenses through 1985.

Nationally in 1981, C.V. Mosby published the 1st edition of Toward Healthy Aging by Pricilla Ebersole and Patricia Hess and in March, the American Nurses Association (ANA) published “A Statement on the Scope of Gerontological Nursing Practice.”

Hartford Foundation founded the Hospital Outcomes Program for the Elderly (HOPE) featuring a Geriatric Resource Nurse (GRN) model.

Founding Members of WCGNP

Darlene Anderson, MT  
Beverly Bakkum, MT  
Sue Balint, OR  
Beverly Bradford  
Colleen Ruth Broderick, MT  
Lorraine Carter, OR  
Ruth Crosby Walkup, SD  
Gail de la Cruz, NM  
Sister James (Donna) Edgell, OR  
Joyce Gill, MT  
Shirley Kontos, MT  
Mary Ann Laubacacher, OR  
Ruth Lueck, OR  
Barbara Lewis, ID  
Susan McDermott, ID  
Della Park, OR  
Carole Schaffer, OR  
Helen Shewmaker  
Audrey Smith, ID  
Alice Stoner  
Shirley Thennis, MT  
Sharon Western
WCGNP 1982

The WCGNP conference was not held in 1982 because of a lack of volunteers. Nationally in 1982, ANA reported 41 certified GNPs, and several GNP programs were started at universities across the country. New Medicaid regulations, “Improving the Quality of Life through Geriatric Nurse Practitioners,” favored the use of GNPs in long term care.

WCGNP 1983

The “2nd Western States Conference of GNP’s” was held in May, 1983, at the Franciscan Renewal Center, Portland Oregon, with 66 attendees from across the country. Registration was $100 for 30 contact hours; room/board was $15 per night. Della Park rang a bell to alert attendees at the start of a session and no one was admitted after a session began. The WCGNP name was changed to the National Conference of Geriatric Nurse Practitioners (NCGNP) to reflect its membership from across the country. The membership established articles of incorporation as a non-profit, by-laws, a philosophy statement, organizational goals, and dues at $15 per year.

1st Officers elected were: President, Della Park; Vice President, Sue McDermott; and Secretary/Treasurer, Sister James (Donna) Edgell.

“The Western Conference of GNP’s Inc established as a non-profit corporation held it’s second conference in Portland, Oregon. Many thanks go to Della Park for her energy and enthusiasm for a job well done.” Sister James Edgell, Oregon, June 1983 Newsletter

Nationally in 1983, ANA reported 165 certified GNP’s. WCGNP obtained this list and contacted these GNPs to invite them to join and attend the conference. The Institute of Medicine (IOM) report stressed geriatric nursing education. The first endowed chair in gerontological nursing was established at Case Western Reserve University in honor of Florence Cellar.
The 3rd NCGNP conference, “Emergency Care of the Older Adult,” was held in April, 1984, at the Mercy Center Convent in Burlingame, California, with 72 attendees; registration was $85 for 21 contact hours. Sessions started at 7 am and ended at 9 pm. Job descriptions for officers and organizational policies and procedures were developed. The GNP Newsletter circulation was 2,169 at a cost of $1,400 per quarterly issue. NCGNP leadership contacted other organizations and professional groups such as the National Association of Pediatric Nurse Practitioners (NAPNAP), assisted living, home health and hospice.

'84-'85 Officers elected were: President, Ruth Lueck; President Elect, Sally Nail; Vice President, Susan McDermott; Secretary, Sharon Ferris; and Treasurer, Gayle Stewart.

“At the 1983 conference the GNP’s in attendance voted to create an official organization with the following goals: provide continuing education, maintain an open forum, create and distribute to the public and private industry the role of NP’s in LTC, advocate at the local and national level for health needs of older Americans.”

Ruth Lueck, Oregon (Spring 1985 Newsletter)

Nationally in 1984, GNPs struggled for 3rd party reimbursement and for recognition and autonomy as health care providers. The Rand Corporation, under the direction of Robert Kane, was granted funds to study the cost and quality effectiveness of GNPs working in nursing homes. This study was ultimately funded by the Health Care Financing Administration (HCFA), US Department of Health and Human Services (DHHS), Robert Wood Johnson Foundation, and W. K. Kellogg Foundation. The Little Hoover Commission urged greater use of GNPs in long term care and reimbursement for these services. Nursing programs in the United States included 8 GNP certificate and 16 GNP graduate programs. The National Gerontological Nurses Association (NGNA) was established for the clinical care of older adults across diverse care settings. The ANA Division of Gerontological Nursing Practice became a Council on Gerontological Nursing Practice.
The 4th Conference, “Care of the Older Adult is Multidimensional,” co-sponsored with the University of Colorado School of Nursing, was held in September, 1985, at Keystone, Colorado, with 68 attendees; registration was $100 for 18 contact hours.

The membership was at 185; funds on hand were $4,022. MSHC support of NCGNP conferences ended; dues were increased from $15 to $20 per year. A NCGNP logo, “Holistic Services to Older Adults,” was introduced and the first GNP newsletter was published with a 1-year, $10,000 grant from Mead Johnson; Arlene Woodson was the first editor briefly, then Jessie Bryant. NCGNP participated in the National Nurse Practitioner Forum.

‘85-’86 Officers elected were: President, Sally Nail; President Elect, Bernie Gorek; Vice President, Sue McDermott; Secretary, Sharon Ferris; and Treasurer, Gayle Stewart.

“NCGNP is leading the way in providing an avenue to meet these challenges. Our Organizations cooperative dynamics ensures that all members of the group participate in making decisions, thereby guaranteeing the continued participation and commitment of all.”

Sally Nail, Colorado (Fall/Winter 1985 Newsletter)

Nationally in 1985, the American Academy of Nurse Practitioners (AANP) was formed to lead NPs in transforming patient centered health care. Hildegard Peplau published a warning in the February issue of the American Journal of Nursing (AJN), “Is Nursing’s self regulatory power being eroded?” She was concerned over the loss of nursing self regulation as a result of the American Medical Association (AMA) position that physician supervision of NPs was necessary.
The 5th Conference, “Care to the Caregivers,” was held at Sweaney Conference Center and La Fonda Hotel, in Santa Fe, New Mexico, with 80 attendees; registration was $110 for 18 contact hours.

Membership reached 206; funds on hand were $8,480. Dues were increased from $20 to $40 per year. Vendor guidelines and policies and procedures for the GNP Newsletter were developed; the newsletter editors became Carol Weir and Lorraine Olson. Carol Weir conducted a NCGNP salary survey of GNPs. The Board of Directors meeting was funded by NCGNP for the first time (prior to this point the officers paid all their own expenses). NCGNP joined the National Alliance of Nurse Practitioners (NAPN), representing 7 NP organizations and 14,000 nurse practitioners, to be informed and involved in legislative issues with the potential for impacting clinical practice. NPs finally had a voice that was heard in the US Congress and the regulatory agencies.

‘86-‘87 Officers elected were: President, Bernie Gorek; President Elect, Carol Gustafson; Vice President, Susan McDermott; Secretary, Nancy Trego; Treasurer, Gayle Stewart.

“The NCGNP believes: gerontology is a unique field, high quality continuing education is beneficial; in networking and communications, a holistic approach is necessary, older adults are entitled to encompassing care, quality affordable services for all older adults.”

Bernie Gorek, Colorado (Summer 1987 Newsletter)

Nationally in 1986, the National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC) was organized as an advocate and educational organization for Directors of Nursing (DONs), Assistant Directors of Nursing (ADONs) and RNs in Long Term Care (LTC).
The 6th Conference, “The Nurse Healer: Update to Excellence,” was held at the Fairmont Hot Springs Resort, Anaconda, Montana, with 50 attendees for 17 contact hours.

Membership was at 167. Ross Labs began funding for printing and distribution of the GNP Newsletter; their grants covered 44 issues over the next 12 years. Lorraine Olson became the newsletter editor. A central office located in Fort Collins, Colorado, was established for the first time, staffed part-time by Yvonne O’Brien. NCGNP bought its first computer and a small amount was budgeted for committee work.

‘87–’88 Officers elected were: President, Carol Gustafson; President Elect, C. Ruth Broderick; Vice President, Barbara Benzaquen; Secretary, Nancy Trego; Treasurer, Jessie Bryant.

“The Montana experience reminded me of the reason that I joined NCGNP: to share ideas and experiences with other GNP’s. I returned from Montana with new ideas and renewed enthusiasm.”
Carol Gustafson, Montana (Fall 1987 Newsletter)

Nationally, following the Institute of Medicine report of March, 1986, “Improving the quality of care in nursing homes,” in 1987, the American College of Health Care Administrators (ACHCA) conducted a study of NP and physician assistant (PA) performance in skilled nursing facilities demonstrating a high quality of care with outcomes comparable to physicians. Lobbied by NANP, including NCGNP, in December, President Ronald Reagan signed into law from the Omnibus Budget Reconciliation Act of 1987 (OBRA ’87), which included the Federal Nursing Home Reform Act. As the first major revision of the federal standards for nursing home care since the creation of both Medicare and Medicaid in 1965, this landmark legislation required long term care facilities wanting Medicare or Medicaid funding to provide services so that each resident can “attain and maintain her highest practicable physical, mental, and psycho-social well-being,” and required facilities to decrease the use of physical and chemical restraints, which NCGNP helped to implement.

The ANA Council on Gerontological Nursing published Standards and Scope of Gerontological Nursing Practice. The National Council on Aging requested a list of NCGNP membership.
The 7th Conference, “Diversity: A Conference for Nurses in Gerontology,” was held at the Miyako Hotel in San Francisco California, with 68 attendees; registration was $150 for 21 contact hours.

Membership was at 178; the budget was $12,600. Chapter rules and procedures were adopted. Conference planning committee for 1989 was funded $1,000. Lorraine Olson was unable to be President Elect; Bernie Gorek was appointed to this position.

This conference took place when another group backed out and the San Francisco committee chairs, Gayle Stewart and Trudy Keltz, were approached and said, “Sure, why not?” The GNPs from San Francisco hosted the conference four times: in 1984, 1988, 1997, and 2001.

‘88–’89 Officers elected were: President, C. Ruth Broderick; President Elect, Lorraine Olson; Vice President, Barb Benzaquen; Secretary, Norma Lundy; and Treasurer, Jessie Bryant.

“I believe my excitement is optimistically based on the predictable evolution of NCGNP. I, for one, do not believe in laying dinosaur eggs (the fruition of plans that never materialize).”
Ruth Broderick, Montana (Fall 1988 Newsletter)

Nationally in 1988, ANA reported 922 certified GNP’s. The American Geriatrics Society (AGS) asked for the NCGNP membership list and the US Special Commission on Aging requested the NCGNP newsletter. Case Western Reserve University established the first PhD program in gerontological nursing.
The 8th Conference, “Gaining New Perspectives,” was held at the Elms Resort in Excelsior Springs, Missouri, with 135 attendees and 20 contact hours. Membership was at 188 and funds on hand were $5,050. NCGNP partnered with National Geriatric Nurses Association (NGNA), National Association of Directors of Nursing Administration (NADONA), National Alliance of Nurse Practitioners (NANP), and the ANA Council to organize the Gerontological Nursing Forum and was represented at a review of the Healthy People 2000 objectives.

‘89-‘90 Officers elected were: President, Bernie Gorek; President Elect, Linda Grissom; Vice President, Connie Gresham; Secretary, Norma Lundy; and Treasurer, Jessie Bryant.

“For the first time NP’s from four national organizations concerned with gerontological nursing met. Each organization meets a specific need and has a somewhat different focus. This doesn’t mean we must be antagonistic. We support one another whenever possible.” Bernie Gorek, Colorado (Spring 1989 Newsletter)

Nationally in 1989, ANA began certifying Gerontological Clinical Nurse Specialists. A major victory for NPs was passage of the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89), signed by George H. W. Bush, which provided reimbursement for Medicare and Medicaid; the Physician Payment Review System (PPRS) also was established.
NCGNP 1989-1990

The 9th Conference, “The Future is in Our Hands,” was held at the Trump Regency in Atlantic City, New Jersey; registration is $169 for 14.2 contact hours.

Membership was at 170 and the budget for 1990 was $12,800. A new central office secretary, Pam Timms, was hired to work out of her home in Fort Collins, Colorado. Pam continued to work with NCGNP for the next 10 years while also working as a preschool teacher. She often said there was not a lot of difference in her jobs; NCGNP members were just older.

‘90-’91 Officers elected were: President, Linda Grissom; President Elect, Norma Small; Vice President, Connie Gresham; Secretary, Norma Richards; and Treasurer, Jessie Bryant.

“At the tenth anniversary celebration banquet we will hear about the history of the NCGNP. Past and present leaders will be in attendance to help us celebrate.” Linda Grissom, Arizona (Summer 1991 Newsletter)

Nationally in 1990, ANA established the Division of Long-Term Care within the Council of Gerontological Nursing.
The 10th Conference, “Celebrating 10 Years of Progress,” was held at the Kahler Plaza in Rochester, Minnesota; registration was $150 for 18 contact hours. Membership dues increased from $25 to $40 per year.

Joe Caraway resigned as President Elect; Phyllis Freeman was appointed to this position. Rose Schmidt became the GNP Newsletter editor; under her leadership, over 1,200 copies of the newsletter were distributed four times a year. The first official NCGNP chapter was formed in Puget Sound, Washington.

‘91–‘92 Officers elected were: President, Norma Small; President Elect, Joe Caraway; Vice President, Phyllis Freeman; Secretary, Norma Richards; and Treasurer, Carol Wooden.

“It is a great honor to become President of NCGNP at its 10th Anniversary Conference. The accomplishments have only been possible because of the VISION of GNP’s and their dedication.”
Norma Small, Pennsylvania (Fall 1991 Newsletter)

In this first decade, 1981-1991, NCGNP was focused on development as an organization for education, networking, and enhancement of the roles of NPs working with older adults. Several member surveys collected data on work sites, salaries, and other practice data. Membership grew to from 25 to 292; a 10-year increase of 116.8%. Nationally, NPs gained greater acceptance as “mid-level providers” from Medicare/Medicaid, Joint Commission on Accreditation of Hospitals (JCAH), and others. The GAPN roles of GNPs and GCNSs matured and expanded across the nation.

The Evolution of the Geriatric Nurse Practitioner – NCGNP The First 10 years

C. Ruth Broderick, ANP/C, GNP, MSN, and Trudy A. Keltz, GNP-C*

In 1976, Mountain States Health Corporation based in Boise, ID was awarded a Robert Wood Johnson grant to recruit geriatric nurse practitioner (GNP) candidates in the western United States. The goal was to improve primary care in rural skilled nursing facilities. RNs working in long term care were to be trained to provide primary care. They would be called GNPs much like the newly emerged Pediatric Nurse Practitioners. The first phase of Montana GNP’s graduated in 1978 followed by three additional phases of candidates from Idaho, Arizona, Colorado, California, Oregon and Washington. Drs. John Gerdes and Sidney Pratt, the visionaries who wrote the grant, mentored and supported these fledgling healthcare providers through their networking efforts with colleges of nursing and nursing home employers under the auspices of the Mountain States grant.

At the end of the first grant phase, The Mountain State Health Corporation hosted a final gathering to sponsor an opportunity for GNPs to determine how we would support our education and professional development. At a resort on Lake Coeur d’ Alene, Idaho, in 1980, 25 GNP graduates gathered to help set up a network of support and continuing education. The keynote speaker was Mary Opal Wolanin RN, BA, MPA, an early pioneer in geriatric nursing. In 1981 our first conference was held at Mount Angel Abbey in Oregon. In 1981 The Western States Conference of Geriatric Nurse Practitioners was formed. By 1983, the group’s name would change to the National Conference of Geriatric Nurse Practitioners (NCGNP) with a final change substituting “Gerontological” for “Geriatric” Nurse Practitioners a few years later.

Publications specific to delivery of geriatric primary care as well as standards of geriatric care were scarce. At the time, GNPs could see that the medical model would not necessarily serve our elderly population or our nursing philosophy. Concerted efforts by geriatric nurse leaders began to disseminate best nursing practice in the specialty began to fill in the gaps began with the publication of the 1970 ANA paper “Standards of Geriatric Nursing.” A series of publications followed including “Nursing and the Aged” by Irene Burnside in 1976; “Geriatric Clinical Protocols” edited by Linda Pearson and Ernestine Kolthoff in 1979; and “Toward Healthy Aging” by Priscilla Ebersole and Patricia Hess in 1981. These early authors began to build the foundation of theory for geriatric best practices and standards of care.

The daunting task of teaching the public who we were and gaining physician acceptance was difficult. We had only begun to realize who this new GNP was. There were no role models; although we had new skills, we were not sure where we fit in the paradigm. We knew we were not doctors and intuitively knew our nursing model was different. Organizations like the American Medical Association and local Medical Boards pressed for sanctions against NP practice, supporting over-the-shoulder supervision and prescribing restrictions. The lack of acceptance from our nursing peers presented challenges which further obstructed the GNPs’ ability to deliver primary care. Often they would not accept our orders and in some states legally could not take orders from GNP’s. The battle to get prescriptive authority and develop our scope of practice has evolved in a piecemeal fashion ever since, causing a significantly different scope of practice for every state. However, by 1982, new Medicaid regulations favored the use of GNP’s in long term care and New Mexico authorized reimbursement. The following year, Arizona granted NP prescriptive privileges thanks to the strong NP advocacy of Audrey Rath, Director of the Board of Nursing at the time. Meanwhile, Mountain States had developed a GNP directory and a salary survey had been conducted by NCGNP member, Carol Weir. We had received endorsement from the Hoover commission for the role of the GNP.
By 1987, American College of Health Care Administrators had completed a study of NP/Physicians Assistant performance in skilled nursing facilities demonstrating a high quality of care with outcomes comparable to physicians. The American Nurses Association Council on Gerontological Nurse Practice published “Standards and Scope of Gerontological Nursing Practice.”

In 1986, the NCGNP (now known as the Gerontological Advanced Practice Nurses Association; GAPNA) took a step which gave us a national presence. We joined the National Alliance for Nurse Practitioners (NANP), a lobbying organization that formulated and monitored national policy for reimbursement of NP providers. Linda Grissom represented us for several years and was an aggressive and effective player in the NANP organization. For the first time, the organization had a pipeline to access emerging national policy for NP reimbursement. By 1989, we began to partner with NANP, NADONA and the ANA Council on Gerontological Nursing and the National Association of Director’s of Nursing in Long Term Care (NADNLTC) as a member of the Gerontological Nursing Forum. We all had a stake in the improvement of care for the frail elderly as well as the need for reimbursement. By national networking we were able to get a national audience and voice.

By 1987, NCGNP had a part-time national office in Colorado, 188 members, and had developed a structure for forming local chapters. Colorado became our first chapter with 31 members. These activities enabled us to jump from the west coast to the east coast, finally having a national presence. By 1988, ANA reported that 922 GNP’s were certified.

NCGNP was growing too. Our newsletter was edited by Loraine Olson and Carol Weir. During that time we developed vendor guidelines that restricted advertising and implemented new policy and procedures for the newsletter. In 1987, Ross Laboratory agreed to sponsor our publication, printing and distributing the newsletter for years.

Our 10th birthday was celebrated in Rochester, Minnesota. It was a joyous occasion for both new and old friends with the theme “Celebrating 10 years of Progress.” We all realized the most powerful part of the organization was the love and commitment of those who joined their friendship with each other with the determination to make the health care of older adults dignified, expert and respected. GN

Chapter 3
Kathleen Fletcher, DNP, GNP-BC, FAAN

NCGNP 1991-1992

The 11th Conference, “Frontiers of Aging,” was held at the Edgewater Inn in Seattle, Washington, with 80 attendees; registration $160 for 21 hours of continuing education.

The 10th Anniversary issue of the GNP Newsletter provided a synopsis of the early years and founding members. Membership reached 328; bylaws were streamlined and history, research, practice, and education committees were created. The Board of Directors started a savings account for a contingency fund and a telephone tree was organized for quicker response for actions on legislative issues. NCGNP collaborated with Nurse Practitioner Associates for Continuing Education (NPACE) to co-sponsor a 1993 conference, “Clinical issues of older adults and mental health in the adult population,” and worked with Health Care Financing Administration (HCFA) and National Coalition on Nursing Home Reform on “A guide for residents, families, and friends on avoiding drugs used as chemical restraints: new standards of care.”

Chapters. The Board appointed Lynn Jensen from Puget Sound to be the first chair of Chapter Development. She created “Guidelines for NCGNP Chapter Development” and, over the next 20 years, 19 states formed Chapters. Several of them were active and then disbanded and later became active again. A few states formed more than one chapter (Florida, Tennessee, Texas) and some states combined chapters (Delaware/Pennsylvania and Louisiana/Mississippi).

’92-’93 Officers elected were: President, Phyllis Freeman; President Elect, Norma Richards; Secretary, Karen Wilson; and Treasurer, Carol Wooden.

"Change, challenge, renewal - all active words which aptly describe NCGNP. I am excited about the changes in and challenges to NCGNP as we position ourselves to be a positive influence in affecting change for the health care needs of older persons." Phyllis Freeman, Minnesota (Fall 1992 Newsletter)

Nationally in the early 1990s, as the health care system responded to the concept of managed care, the merger of Nurse Practitioner and Clinical Nurse Specialist roles was being questioned with the Case Manager role suggested as an answer to this merger. In 1992, the John A. Hartford Foundation funded a major initiative to improve care of hospitalized older adults: Nurses Improving Care for Health System Elders (NICHE). The National Organization of Nurse Practitioner Faculties (NONPF) revised curriculum guidelines to reflect graduate education for NPs.
The 12th Conference, “Caring Through Competence,” was held in Copper Mountain, Colorado. Membership was at 350. NCGNP pins became available for sale, the publication name was changed from the GNP Newsletter to the NCGNP Newsletter, and the philosophy statement was revised to include human rights—cultural diversity, sexual preference, and disability. Norma Small, Immediate Past President of NCGNP, became chair of the National Alliance of Nurse Practitioners (NANP). NCGNP was approached by CV Mosby to consider contracting with them as a management company—NCGNP declined.

‘93-’94 Officers elected were: President, Norma Richards; President Elect, Jewel Winter; Secretary, Karen Wilson; Treasurer, Kathy Fletcher; and Board Member at Large, Connie Gresham.

“Over the years many members have come and gone. There are many AP-N’s who work with the aging population who have yet to join. We must join together or we lose.”
Norma Richards, Washington (Fall 1993 Newsletter)

Nationally in 1993, the American College of Nurse Practitioners (ACNP) was formed with a focus on a solid policy and regulatory foundation that enabled NPs to provide accessible, high quality healthcare to all peoples.

The National Council of State Boards of Nursing (NCSBN) questioned the need for a second licensure for Advanced Practice Nurses (APNs); NCGNP supported the American Nurses Association (ANA) stance for a single licensure for RNs.
The 13th Conference, “The Nation’s Health Care: “Where Do We Fit In?” was held in Williamsburg, Virginia.

Membership reached 375; bylaws revisions added Resource Development, History, and Bylaws as standing committees, a new logo was adopted, operating guidelines were developed for all of the committees, and the Research Committee became active under Norma Pinkerton. NCGNP financial records became computerized, and a FAX machine and a copier were ordered for Central Office. Sally Nail became Historical Committee chair and Lovenia Carter became NCGNP Newsletter Editor. Laurie Kennedy-Malone reported to the membership on implications of proposed Health Care Reform for GNPs.

‘94-’95 Officers elected were: President, Jewel Winter; President Elect, Barbara Brant; Secretary, Margaret Sackmann; Treasurer, Kathleen Fletcher; and Board Member at Large, Connie Gresham.

“My desire for NCGNP this year is to reflect the theme of next year’s conference: Pioneers on Health Care: Yesterday, Today and Tomorrow.”
Jewel Winter, Colorado (Fall 1994 Newsletter)

Nationally, the American Medical Directors Association (AMDA, formed in 1978) was interested in forming an alliance with NCGNP and two other organizations; the National NP Coalition and the National Alliance for Nurse Practitioners, which vied to be the legislative arm of NP’s.
The 14th Conference, “Pioneers in Health Care: Yesterday, Today, and Tomorrow,” was held at the Red Lion Inn in Portland, Oregon.

Resource development became an active committee. Lovenia Carter became editor of the NCGNP Newsletter.

‘95-’96 Officers elected were: President, Barbara Brant; President Elect, Kathy Fletcher; Secretary, Peggy Sackmann; Treasurer, Anne Marie Drexler; and Board Member at Large, Liz von Wellsheim.

“You can make a difference. Please lend your support through recruitment to membership and by serving on a committee of your interest. In doing so we can ready ourselves for a quantum leap into an exciting future.”

Barbara Brant Virginia (Fall 1995 Newsletter)

Nationally in June, 1995, ANA published the 2nd edition of *Scope and Standards of Gerontological Nursing,* including the role of the APN in gerontological nursing, and NCGNP adopted these positions. NCGNP decided not to belong to the new American College of Nurse Practitioners but retained its membership in the National Alliance of Nurse Practitioners for legislative support. The World Wide Web was becoming an influence for APNs (e.g., NPINFO [1984], NP Central, and other list serves on the Internet).
NCGNP 1995-1996

The 15th Conference, “Celebrating Diversity!” was held in Houston, Texas.

The membership reached 457; membership dues increased from $40 to $55 per year. An 800 telephone number was established at the NCGNP office in Fort Collins. The first audit of NCGNP financial records was completed; the Internal Revenue Service fined the organization for late filing, NCGNP appealed, and IRS waived the fee.

‘96-‘97 Officers elected were: President, Kathy Fletcher; President Elect, Laurie Kennedy Malone; Secretary, Peggy Sackmann; Treasurer, Ann Marie Drexler; Board Member at Large, Liz von Wellsheim.

“My individuals goals reflect the organization goals. I want to maintain cohesiveness and uniqueness, continue financial solvency, re-examine goals and priorities and to laugh more.”
Kathy Fletcher, Virginia (Fall 1996 Newsletter)

Nationally in 1996, the Hartford Institute for Geriatric Nursing (HIGN) was founded with the goal of shaping the quality of health care older Americans receive by promoting the highest level of geriatric nursing competence. NCGNP opposed the National Council of State Boards of Nursing (NCSBN) proposal for another certification exam for NPs.
The 16th Conference, “Care for the Caregivers,” was held at the Miyako Hotel held in San Francisco, California.

A site visit to central office in Fort Collins CO was made to review inventory and hire a part-time bookkeeper. Liaison relationships were formed with American Medical Directors Association (AMDA) and the American Society of Consulting Pharmacists (ASCP).

‘97–‘98 Officers elected were: President, Laurie Kennedy Malone; President Elect, Mary Doucette; Secretary, Peggy Sackmann; Treasurer, Joyce Meador; and Board Member at Large, Liz von Wellsheim.

“I was ecstatic when congress passed the direct Medicare reimbursement bill in August. I want to thank all NCGNP members who over the years have supported grass roots efforts to make this possible.”

Laurie Kennedy-Malone North Carolina (Fall 1997 Newsletter)

Nationally in 1997, an expansion of Medicare reimbursement for NPs became a reality when President Clinton signed the Balanced Budget Act on August 5th, which NCGNP supported vigorously.
The 17th Conference, “Providing Holistic Health Care,” was held at Embassy Suites in Greensboro, North Carolina, with 165 attendees. Significant financial loss was experienced at the this conference due to decreased attendance; CD’s were cashed to cover these expenses.

Virginia Lee became NCGNP Newsletter Editor. The first NCGNP website was created and launched by Laurie and Chris Malone.

’98-'99 Officers elected were: President, Mary Doucette; President Elect, Liz von Wellsheim; Secretary, Virginia Lee Cora; Treasurer, Joyce Meador; and Board Member at Large, Carol Ann Mitchell.

“Dynamic people make up the leadership team of this organization as a whole and you are a part of this group; a group that continues to impress me with its compassion, commitment, and strength.” Mary Doucette, Minnesota (Fall 1998 Newsletter)

Nationally in 1998, the Balanced Budget Act of 1997 went into effect on January 1st. In March, NCGNP’s President Laurie Kennedy-Malone testified at the Institute of Medicine (IOM) concerning, “Improving the Quality of Long-Term Care.”
The 18th Conference, “The Road Traveled: The Future Ahead,” was held in Dearborn, Michigan, with 155 attendees and 22.8 contact hours. Charged with the need to make a profit by the Board, the registration fee was raised for the first time in several years to $340.00. In addition, 28 exhibitors and 8 sponsors were solicited. The convention was the most profitable in NCGNP history, netting over $10,000 which enabled the organization to remain viable. Vendors would no longer be so difficult to secure as they were already signed up for next year.

Communication issues between the board, central office, and convention planning committee were attributed in part to their great geographic distances. The NCGNP Board decided to relocate the national office from Fort Collins, Colorado, to the Washington DC area. Pam Timms was thanked for her 10 years of service to NCGNP, and Kim Quimby was hired as part-time Administrative Assistant, working from her home in Centreville, Virginia.

‘99-’00 Officers elected were: President, Liz von Wellsheim; President Elect, Mary Pat Rapp; Secretary, Virginia Lee Cora; Treasurer, Joyce Meador; and Board Member at Large: Carol Ann Mitchell.

“Our presence in the Washington DC area and our increased collaboration with numerous health care and consumer organizations will allow us to continue our goals of improving health care for all older adults and advancing our professional scope of practice.”
Liz von Wellsheim, Oregon (Fall 1999 Newsletter)

Nationally in 1999, NCGNP dropped membership in the National Alliance of Nurse Practitioners and elected to have membership in the American College of Nurse Practitioners to help support legislative activity for APNs.
The 19th Conference, “The Omega Connection: Yesterday into Tomorrow,” was held in Atlanta, Georgia, with 200 attendees and a significant profit was realized.

Membership reached 619 and finances were improved due to the successful 1999 NCGNP conference in Michigan. The Board developed a 3-year strategic planning process with three primary goals: enhance health care to elders, improve the practice of GNPs, and strengthen NCGNP. The first NCGNP membership directory with 609 members was published. Norma Small became Historical Committee chair and Milbrey Raney became NCGNP Newsletter Editor. With the organization’s increasing size and complexity, the Board began to solicit proposals from association management companies and for further web development.

‘00-’01 Officers elected were: President, Mary Pat Rapp; President Elect, Virginia Lee Cora; Secretary, Nancy Wilens; Treasurer, Joyce Meador; and Board Member at Large, MJ Henderson.

“NCGNP is well on its way towards recognition by healthcare and consumer organizations devoted to the care of older adults.”
Mary Pat Rapp, Texas (Fall 2000 Newsletter)

Nationally in 2000, the John A. Hartford Foundation and the American Academy of Nursing launched the Building Academic Geriatric Nursing Capacity (BAGNC) program to produce experts who will provide leadership and improve the care of older adults.
NCGNP 2000-2001

The 20th Conference, “2001: The Odyssey of Aging,” was at the Holiday Inn Golden Gate in San Francisco, California. Only 1 week after the tragic events of the September 11th terrorist attacks, 180 of the 230 registrants (78%) attended this conference. Several speakers had to cancel, including the keynote, but the planning committee quickly secured appropriate replacements. Preconference sessions focused on geriatric syndromes.

‘01-’02 Officers elected were: President, Virginia Lee Cora; President Elect, Barbara Resnick; Past President, Mary Pat Rapp; Secretary, Nancy Wilens; Treasurer, Caroline Duquette; and Board Member at Large, MJ Henderson.

“NCGNP has been discovered! We have come from a small organization who volunteered their services to nearly 800 members, nine chapters throughout the nation, and we are growing.”
Virginia Lee Cora, Mississippi (Winter 2002 Newsletter)


In this second decade, 1991-2001, NCGNP was focused on issues arising from the complexities of increasing membership, involvement with other organizations, and national legislation and regulations influencing NP practice. The National Office relocated from its origins in the western states to the Washington DC area. Membership over these 10 years ranged from 328 to 589, an increase of 56%.
The Evolution of the GNP-NCGNP, the Second Decade—the 1990’s

Kathleen Fletcher and Laurie Kennedy Malone*

In 1991, National Conference of Gerontological Nurse Practitioners (NCGNP) celebrated its first decade of progress in Rochester, Minnesota. With a growth in membership from 25 to 292, the growth and accomplishments of the organization were dramatic during the first 10 years, and the participants celebrated the past, reveled in the moment, and planned for the future. The second decade of NCGNP history (1990-2000) would prove to be no less remarkable.

The early 1990s reflected significant growth of advanced practice nursing (APN) programs and organizations (nurse practitioner [NP] and clinical nurse specialist [CNS]) in the United States and greater clarity and understanding of the role and unique contributions of APNs. Although NP programs primarily prepared the APN in primary and specialty care, the CNS preparation was focused on populations of patients and improving care largely through consultation and education of care providers. Recognizing that there was considerable overlap in these respective roles, role merger was discussed in the literature and at nursing organizational forums—including NCGNP.

Nationally a new organization was formed, the American College of Nurse Practitioners (ACNP), in an attempt to bring some cohesiveness and legislative muscle to the growing number of NP specialty organizations. Looming on the horizon were legislative and reimbursement issues influencing NP practice. We were honored that one of our own, Norma Small, was elected as President of the National Alliance of Nurse Practitioners (NANP). In early 1990, NCGNP decided not to belong to the ACNP but to continue membership in the NANP for legislative support.

NCGNP was increasingly being recognized for their expertise in the care of elders. The Omnibus Budget Reconciliation Act (Nursing Home Reform) had been passed in 1987, requiring that nursing homes decrease the use of physical and chemical restraints, and NCGNP was called upon by HCFA and NCNHR to help lead the way in restraint reduction. In 1995, the ANA invited NCGNP to be represented on an expert panel to revise the Scope and Standards of Gerontological Nursing and for the first time the role of the APN in gerontological nursing was included in the second edition of this publication.

Following the lead of NCGNP leaders of the first decade, members continued to disseminate their expertise in geriatric best practices through publication. The second edition of Towards Health Aging (Ebersole and Hess) was released in 1998, and a new publication, Management Guidelines for Gerontological Nurse Practitioners (Kennedy-Malone and Fletcher and Plank) in 1999.

As NCGNP exerted its influence nationally, the organization continued to thrive. The bylaws of the organization were streamlined and modified. As membership in NCGNP and vendor sponsorship of NCGNP grew, the organization established a contingency fund to provide for greater financial stability. Acceptance of diversity was reflected in a revised philosophy statement.

Still, NCGNP was experiencing growing pains—by 1994 membership was approaching 400. Although financial records were computerized, the hours for the part-time administrative assistant in the Central Office in Fort Collins were increased, and a FAX and copier were purchased, it was difficult for the all-volunteer board of GNPs to continue to keep up with needs. NCGNP was fined by the IRS for a late filing of taxes, appealed, and thanks to “fancy foot work” by our leaders at the time, the IRS waived the fee.
The late 1990s marked one of the most monumental events in the history of the NP movement and the NCGNP. The collective legislative efforts of the NCGNP, the NANP, and the ACNP were rewarded when President Clinton signed the Budget Consolidation Act in 1997. Medicare reimbursement for NP’s was now a reality. NCGNP entered the internet age with the launching of its first web page in 1998.

Collaborations with other organizations continued though the late 1990s. The Hartford Institute of Geriatric Nursing formed a Gerontological Nursing Consortium recognizing the need for discussion and partnerships between the nursing organizations that had a focus on older adults, and NCGNP was invited to the table with the National Gerontological Nursing Association (NGNA) and the National Association of Directors of Nursing in Long Term Care (NADONA). During this time NCGNP started forming relationships with allied inter-professional groups such as the American Medical Directors Association (AMDA) and the American Society of Consulting Pharmacists (ASCP). In 1998, a representative from NCGNP, Laurie Kennedy-Malone who was at that time serving as president of the organization, was invited to testify at a public meeting held by the Institute of Medicine in preparation for the report “Improving the Quality of Long-Term Care,” which was published in 2001. She emphasized the need for all nurses employed in long-term care to have educational preparation in gerontological nursing and the vital role that GNP’s play in managing the care of residents in long-term care.¹

Internally, at NCGNP this was a time of growth, strategic planning, and change. Membership was over 600, and a 3-year strategic plan was created. Citing geographical and communication issues, the board decided to move the central office to DC, and a new administrative assistant was hired. At the end of the second decade NCGNP began to explore contracting for management and web development services.

In 2001, the 20th anniversary of NCGNP was celebrated in one of our favorite conference locations: San Francisco. It occurred just 1 week after the tragic events of the September 11 terrorist attacks, and the nation was still stunned, mourning, and fearful. A few speakers cancelled at the last minute, but the California planning committee did a masterful job finding expert replacements. Demonstrating the commitment to the organization, 78% of the registered participants attended a highly successful 20th conference and helped shape the future of our organization as we moved into our third decade. GN


Chapter 4
The Gerontological Nurse Practitioner and GAPNA:
The Third Decade, 2001-2011
Virginia Lee Cora, DSN, A/GNP retired, FAANP

NCGNP 2001-2002

The 21st Conference, “Advanced Nursing Practice: Making A Visible Difference,” was held at Holiday Inn O’Hare in Chicago, Illinois. Membership was at 998. Guidelines were established for liaison representatives (e.g., AANP, ACNP, AGS, AMDA, ANCC, NGNA, NADONA, NCGN, NONPF, AARP). In June, NCGNP members met in Houston, Texas, to develop a Core Curriculum for FNPs, ANPs, and CNSs working with older adults with three foci: long term care, ambulatory/home care, acute care. Thereafter, these foci were presented as a series pre-conference sessions at annual meetings. The website was enhanced by Mary Pat Rapp. The first awards and research presentations were given at annual conference. The Board met for the first time with the Board of a national pharmaceutical company, Johnson & Johnson LTC, in Titusville, New Jersey. A $10,000 grant for a GNP career enhancement program to include a member survey, profile, data base, and speakers bureau, was awarded to Laurie Kennedy-Malone and financed jointly by the GMR Group Inc., Horsham PA (Barry Ginetti), $7,500 and NCGNP, $2,500.12 Ann Luggen became NCGNP Newsletter Editor. Lynn Chilton became the American College of Nurse Practitioners (ACNP) National Affiliate Representative; MJ Henderson became chairperson of the very successful $120,000 NP National Marketing Campaign; and Valisa Saunders was appointed to the American Geriatrics Society (AGS) panel on Mental Health in Nursing Homes.

‘02-’03 Officers elected were: President, Barbara Resnick; President Elect, M.J. Henderson; Past President, Virginia Lee Cora; Secretary, Nancy Wilens; Treasurer, Caroline Duquette; and Board Member at Large, Valerie Matthiasen.

“So where are we now and where are we going? Onward and upward to improve the care provided to all older adults.”
Barbara Resnick, Maryland (Fall 2002 Newsletter)

Nationally in 2001, the American Nurses Association (ANA) published Scope and Standards of Gerontological Nursing Practice, 2nd edition,13 which was written in collaboration with the National Gerontological Nurses Association (NGNA), National Association of Directors of Nursing Administration/Long Term Care (NADONA/LTC), and NCGNP. In April, 2002, the Department of Health and Human Services (DHHS) and National Organization of Nurse Practitioner Faculties (NONPF) published Nurse Practitioner Primary Care Competencies in Specialty Areas,14 including 48 competencies for GNP; NCGNP provided endorsement only. The Office of the Inspector General further opened the Centers for Medicare and Medicaid Services (CMS; named HCFA prior to July 1, 2001) regulations for the clinical practice of NPs. With more nurses working with older adults in multiple settings, in 2002, ANA/ANF, American Nurses Credentialing Center (ANCC), and Hartford Geriatric Nursing Institute (HGNI) launched “Nurse Competence in Aging (NCA),”15 a 5-year initiative to work with specialty nursing associations to encourage nurses to gain dual expertise in geriatrics with their other specialty. This initiative continues to support geronurseonline; gerontological nursing certifications and Specialty Nursing Association Partners in Geriatrics.
The 22nd Conference, “Creating Our Legacy,” was held at Marriott in West Palm Beach, Florida, with over 300 attendees. Membership reached 1,140; dues were increased from $55 to $75 per year. Kelly Reddy-Heffner of Simpatico became convention planner, Barbara Resnick became NCGNP Newsletter Editor, and a resolution concerning Gerontological Advanced Practice Nurses (GAPNs) interactions with industry/pharma representatives was adopted.

‘03–’04 Officers elected were: President, M.J. Henderson; President Elect, Barbara Phillips; Past President, Barbara Resnick; Secretary, Nancy Wilens; Treasurer, Caroline Duquette; and Board Member at Large, Valerie Matthiesen.

“As your new President I have a goal to increase our presence on the international scene. If you have colleagues outside the USA please invite them to join the NCGNP family. Take good care of yourself and remember, the beat goes on.” MJ Henderson, California (Fall 2003 Newsletter)

Nationally in 2003, in response to multiple challenges by state boards of nursing concerning GNPs scope of practice, NCGNP issued its first position paper, "Clinical Practice of Gerontological Nurse Practitioners." Pricilla Ebersole, GN Editor, initiated a NCGNP section with Ann Luggen and Barbara Resnick as its first co-section editors.
The 23rd Conference, “The Art of Aging: Weaving a Tapestry of Culture and Grace,” was held at Pointe Hilton Tapatio Cliffs Resort in Phoenix, Arizona, with 450 attendees.

Membership was at 1,141; Sharon Stentz, RN, MSN, became the first Executive Director of NCGNP and the National Office was relocated from Centreville, Virginia, to Bethesda, Maryland. NCGNPs first organizational chart was approved. ANCC accredited the NCGNP Continuing Education Approver and Provider units lead by Virginia Lee Cora and Sandy Kamp respectively (the Provider Unit was dissolved in 2010). Abbot awarded a $15,000 grant for publication and distribution of the NCGNP Newsletter, and ANA awarded a $12,000 grant written by Barbara Resnick for NCGNP to publish a mental health tool kit.

‘04-‘05 Officers elected were: President, Barbara Phillips; President Elect, Sharon Maguire; Past President, M.J. Henderson; Secretary, Lynn Chilton; Treasurer, Caroline Duquette; and Board Member at Large, Sue Meiner.

“NCGNP has had a busy and productive year. Our membership has grown to more than 1,200. Because we are the premier organization for GAPN’s many of our members have been invited to participate on local, state and national committees.” Barbara Phillips, Florida (Fall 2004 Newsletter )

Nationally in March, 2004, American Association of Colleges of Nursing (AACN)/HGNI published Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care,\(^{17}\) 47 gerontological nursing competencies for all APNs; NCGNP was on Validation Panel only. In June, an APN Consensus Conference called by the National Council of State Boards of Nursing (NCSBN) was held in Washington, DC, to which 50 organizations were invited and 32 attended. NCGNP was invited to this conference, but did not attend (In 2008, this group issued the Consensus Model of APRN Regulation, see below). ANA published Nursing: Scope and Standards of Practice\(^{18}\) which referenced for all RNs to include care of older adults. In October, the AACN issued their Position Statement on the Practice Doctorate in Nursing.\(^{19}\)
The 24th Conference, “Rockin’ and Rollin’ into the Future,” was held at Renaissance Hotel in Cleveland, Ohio, with over 400 attendees.

Membership reached 1,300. Simpatico resigned and Guiffrida became the convention planner; Kathleen Jett became NCGNP Newsletter Editor. Ortho-Biotech awarded NCGNP a grant for an Anemia Management monograph. NCGNP gave Priscilla Ebersole a Lifetime Achievement Award and NCGNPF gave a memorial tribute to David Butler of J&J LTC for his enthusiastic support of APNs and NCGNP.

‘05-’06 Officers elected were: President, Sharon Maguire; President Elect, Anna Treinkman; Past President, Barbara Phillips; Secretary, Lynn Chilton; Treasurer, Debra Bakerjain; and Board Member at Large, Sue Meiner.

“As we prepare to celebrate our success of the past 25 years, lets be forever forward thinking and continue our legacy of leadership and clinical excellence.”

Sharon Maguire, Wisconsin (Fall 2005 Newsletter)

Foundation. In September, 2005, The NCGNP Foundation (NCGNPF) was founded by three past presidents: Chair, Barbara Phillips; Vice Chair, Barbara Resnick; and Secretary-Treasurer, Mary Pat Rapp. The mission was to promote leadership and scholarship in advanced nursing practice, education, and research and to enhance the health for older adults through resource development, scholarly activities, and fund-raising. Founding donors included four chapters and eight members. In 2006, NCGNPF began sponsoring an annual Golf tournament, the Fun-Run, and a tour or event to raise funds. In 2007, the first annual research and student travel grants and a special “Spirit” award in the name of Dave Butler were awarded. In 2008, the NCGNPF name was changed to the Gerontological Advanced Practice Nurses Association Foundation (GAPNAF).

Donors:
- Platinum Level ($2,000+)
- Gold Level ($1,000-$1,999)
- Silver Level ($500-$999)
- Bronze Level ($101-$499)
- Friends of the Foundation ($25-$100)

Nationally in 2006, NCGNP joined with 48 organizations on the Americans for Nursing Shortage Relief (ANSR) Alliance. Barbara Resnick became Editor-in-Chief of GN, and Ann Luggen remained GN NCGNP Section Editor.
NCGNP 2005-2006

The 25th Conference, “Celebrate with Us at Sawgrass,” was held at Sawgrass Marriott Resort & Spa in Verde Beach, Florida. Membership was at 818. NCGNP began offering five annual awards for Excellence, and the first GNP certification review course was offered at the annual conference. Kathleen Fletcher and Trudy Keltz became Historical Committee co-chairs. Sharon Stentz was terminated and later filed suit against NCGNP. Belinda Puetz, MSN, owner of Puetz Association Management Company, became Executive Director and the National Office was relocated from Bethesda, Maryland, to Pensacola, Florida. Kathleen Jett became GN NCGNP Section Editor.

‘06-’07 Officers elected were: President, Anna Treinkman; President Elect, Lynn Chilton; Past President, Sharon Maguire; Secretary, Charlotte Kelley; Treasurer, Debra Bakerjain; and Board Member at Large, Sandra Kemp.

“I want you to know that I take this responsibility very seriously. My vision for NCGNP is that we are the premier organization for APN’s caring for older adults.” Anna Treinkman, Illinois (Winter 2006 Newsletter)

Nationally in 2006, ANCC reported 3,704 certified GNPs. AACN published Essentials of Doctoral Education for Advanced Nursing Practice.

In December, the Tax Relief and Health Care Act of 2006 was signed into law by President George W. Bush with Title III Health Savings Accounts which significantly influenced APN clinical practice by creating the CMS Physicians Quality Reporting Initiative (PQRI), the National Provider Identifier (NPI), and the Electronic Prescribing Incentive Program (eRx).
The 26th Conference, “Charting the Course with Excellence in Elder Care,” was held at Sheraton Hotel & Marina in San Diego, California.

Membership was at 968. Lynn Chilton resigned as President Elect because of health problems; members elected Debra Bakerjian, President, and Sue Mullaney, President-Elect. A second Member at Large was added to the Board of Directors. Evercare became the first group membership. Shelley Huffstutler-Hawkins became NCGNP Newsletter Editor. Belinda Puetz sold her association management company to Jon Dancy and, in 2007, Harriet McClung became the NCGNP Executive Director.

Evercare became the first group membership. Shelley Huffstutler-Hawkins became NCGNP Newsletter Editor. Belinda Puetz sold her association management company to Jon Dancy and, in 2007, Harriet McClung became the NCGNP Executive Director.

‘07-‘08 Officers elected were: President, Debra Bakerjian; President Elect, Sue Mullaney; Past President, Anna Treinkman; Secretary, Charlotte Kelley; Treasurer, Marianne Shaughnessy; and Board Members at Large, Sandra Kamp and Evelyn Duffy.

“I am truly honored to have been elected as President-elect. I know I speak for everyone when I say our hearts continue to be with Lynn Chilton who was elected to be this years President.”

Debra Bakerjian, California (Winter 2007 Newsletter)

Nationally in 2007, Debra Bakerjian represented NCGNP with 28 other organizations to Advancing Excellence in America’s Nursing Homes campaign. The American Academy of Nurse Practitioners (AANP) initiated certification for GNPs.
NCGNP 2007-2008

The 27th Conference, “Gateway to Quality: Improving Care for Older Adults Across the Continuum,” was held at Hilton at the Ballpark in St. Louis, Missouri.

Membership reached 1,779; the first gold corporate member was Evercare. Lisa Byrd became GN NCGNP Section Editor. The organization’s name was changed from NCGNP to the Gerontological Advanced Practice Nurses Association (GAPNA).

‘08-’09 Officers elected were: President, Sue Mullaney; President Elect, Pat Kappas-Larson; Past President, Debra Bakerjain; Secretary, Charlotte Kelley; Treasurer, Marianne Shaughnessy; and Board Members at Large, Evelyn Duffy and Alice Bonner.

“Moving forward NCGNP will be known as GAPNA. Although the name has changed the mission and the vision have stayed the same.”

Sue Mullaney, Massachusetts (Spring 2009 Newsletter)

Nationally in 2008, Research in Gerontological Nursing was launched by Slack with Kitty Buckwalter, Editor. In July, NCSBN issued “The Consensus Model for APRN Regulation,” uniform guidelines for advanced nursing practice which blended the GNP and ANP roles into the Adult-Gerontology NP (A/GNP) as a population foci for Advanced Practice Registered Nurse (APRN) licensure, and made the care of older adults a specialty linked to health care needs. The target date for full implementation of this model and its provisions for licensure, accreditation, certification, and education (LACE) was 2015.

APRN REGULATORY MODEL

NCSBN, 2008
GAPNA 2008-2009

The 28th Conference, “Continuity, Connection, Community: Creating GAPNA’s Future,” was held at Hyatt Regency in Savannah, Georgia.

Membership was at 1,736; Evercare became the first platinum membership. In January, the new GAPNA name and logo went online. The first GAPNA Special Interest Groups were organized. After spirited discussions of the blended ANP/GNP issue, GAPNA endorsed the APRN Consensus Model in a letter to the Advisory Committee.

‘09–’10 Officers elected were: President, Pat Kappas-Larson; President Elect, Evelyn Duffy; Past President, Sue Mullaney; Secretary, Charlotte Kelley; Treasurer, Marianne Shaughnessy; and Board Members at Large, Alice Bonner and James Lawrence.

“Our charge for the upcoming year and into the near future is to meet the demand for the infusion of gerontology across the health care continuum.” Pat Kappas-Larson, Minnesota (Winter 2009 Newsletter)

Nationally in 2009, ANCC published Role Delineation Study: GNP 2008, with 418 APNs responding to 128 behaviors. GAPNA representatives were increasingly active with AACN, AANP, ACNP, NONPF, and numerous other nursing and health care organizations.
GAPNA 2009-2010

The 29th Conference, “Coming Together to Meet the Evolving Needs of Older Adults,” was held at Hyatt Regency in Albuquerque, New Mexico.

Membership reached 1,840. Dues were increased from $75 to $100 per year. Anthony J. Jannetti became GAPNA’s association management company with Michael Brennan, Executive Director, and Sherry Dzurko, Administrative Assistant; the National Office was relocated from Pensacola, Florida, to Pitman, New Jersey.

Debra Bakerjian was reappointed as GAPNA representative to Advancing Excellence in America’s Nursing Homes campaign – Phase 2. GAPNA participated in NP Roundtable. Alice Bonner was appointed to direct CMS Division of Nursing Homes and Barbara Resnick was elected AGS President.

‘10-’11 Officers elected were: President, Evelyn Duffy; President Elect, Beth Galik; Past President, Pat Kappas-Larson; Secretary, Nikki Davis; Treasurer, Marianne Shaughnessy; and Board Members at Large: James Lawrence and Alice Early.

“APNs with expertise in the care of older adults are being sought for input in many different areas. Health care reform, Medicare, HRSA, LACE, the DNP each brings its opportunities and challenges.”

Evelyn Duffy, Ohio (Winter 2010 Newsletter)

Nationally in March, 2010, AACN published Adult-Gerontology Primary Care Nurse Practitioner Competencies, 75 competencies for A/GNPs; Evelyn Duffy was GAPNA’s representative. AACN also published Adult-Gerontology Clinical Nurse Specialist Competencies, 50 competencies for A/GCNSs; GAPNA provided endorsement only. (Note: in February, 2012, AACN published Adult-Gerontological Acute Care Nurse Practitioner Competencies, 110 competencies for A/GNPs; GAPNA was not represented). An ANSR Consensus statement was published, which also included GAPNA. GAPNA collaborated with AMDA to publish a Consensus Paper on MD/NP collaboration in skilled nursing care in LTC facilities which was published in both GN and Journal of the American Medical Directors Association. In September, ANCC/HIGN published Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults with 19 competencies, which may encourage future RNs to pursue APN roles in gerontological nursing. Finally, on March 23rd and 30th, the Patient Protection and Affordable Care Act of 2010 (PPACA ’10) and the Health Care and Education Reconciliation Act were passed and signed into law by President Barak Obama. Commonly called “Obamacare,” this health care reform was the most significant overhaul of federal regulations since the passage of Medicare and Medicaid in 1965, and it will be a major influence on the roles of GAPNs on into the future.
GAPNA 2010-2011

The 30th Conference, “Improving the Lives of Older Adults: Practice and Policy,” was held at Marriott Wardman Park in Washington DC.

Membership was at 1,760+. The GAPNA Strategic Plan addressed the changes and challenges presented by implementation of the APRN Consensus Model’s Licensure, Accreditation, Certification, Education recommendations, attacks on entitlements in DC, and opportunities presented by the enactment of Health Care Reforms. Pat Kappas-Larson led efforts to establish Leadership training for members to increase their leadership skills and create a pipeline for future leadership for GAPNA; Patty Kang was the first recipient of this Health Affairs Scholarship.

In 2011, GAPNA representatives participated in the AANP Professional Roundtable to address the changes related to Pharma support, the ACNP National Nurse Practitioner Policy Summit, the ANCC Expert Panels to develop the new Adult-Gerontology Certification exams, the Nurse Practitioner Roundtable, the Advancing Excellence Campaign, and HIGNs Coalition of Geriatric Nursing Organizations (CGNO), et al. GAPNA had 17 active chapters and 3 inactive chapters.

‘11-‘12 Officers elected were: President, Beth Galik; President Elect, Marianne Shaughnessy; Past President Evelyn Duffy; Secretary, Nikki Davis; Treasurer, Kathyne Barnoski; and Board Members at Large, Alice Early and Patty Kang.

Nationally in October, 2010, ANA published Scope and Standards of Gerontological Nursing Practice, 3rd edition. In April, 2011, NONPF published Nurse Practitioner Core Competencies, including MSN and DNP independent practice; Evelyn Duffy represented GAPNA. In October, the Institute of Medicine (IOM) published Future of Nursing, a 2-year initiative funded by the Robert Wood Johnson Foundation. As health care moves into the 2010s, the eight recommendations have significant implications for APNs, including removing barriers to practice and doubling the number of nurses with doctorates.
In this third decade, GAPNA established national visibility as experts in gerontological advanced practice nursing; significantly enhanced political involvement with nursing and health care organizations; and strengthened leadership for gero APN education, practice, and research within the organization. However, GAPNA also struggled with organizational management. Between 2001 and 2011, the national office leadership changed four times and physically relocated three times.

During the 2000’s, Advanced Practice Nursing organizations sharpened educational requirements and role competencies relative to advanced practice nursing with older adults and blended the gerontological APN role with the adult APN role. On the national scene, health and social policy institutions struggled with demands for accessible, affordable, quality health care, especially concerning Medicare/Medicaid; and strengthened monitoring and regulation of individual health care providers, including gero APNs.
Evolution of the GNP and NCGNP/GAPNA: 2000s, The Third Decade

Virginia Lee Cora and Debra Bakerjian*

Only 1 week after the tragic events of September 11, 2001, the National Conference of Gerontological Nurse Practitioners (NCGNP) entered its 3rd decade in a time of tumultuous changes. For Gerontological Advanced Practice Nurses (GAPNs), these changes were reflected in the evolution of the organization and in the enactment of the role within the dynamic arena of advanced nursing practice and health care.

The NCGNP/GAPNA Organization

In 2001, the GNP role had been established for over 20 years, and the NCGNP membership had grown from 25 to almost 1,000 advanced practice nurses (APNs) working with older adults, but their roles in health care facilities were not described clearly. A grant was funded jointly by GMR (The GMR Group, Inc., Horsham, PA) ($7,500) and NCGNP ($2,500) to survey the membership and create a member profile and data base.12 Laurie Kennedy-Malone reported that of the certified GNPs surveyed and only half of the 472 responders were working full time as GNPs and 56% of respondents indicated that they were the first GNP in the position.

To further delineate educational activities for GAPNs, in 2002, NCGNP members developed a core curriculum with three foci: long-term care, acute care, and ambulatory/home care; subsequently, pre-conference and conference continuing education activities have been offered in these areas. NCGNP developed Continuing Education Approver and Provider Units which earned initial accreditation by American Nurses Credentialing Center (ANCC) in 2004. However, the Provider Unit was dissolved in 2010; the Approver Unit remains active.

The quarterly NCGNP Newsletter evolved to full color, then went totally online in 2009. In 2003, the bimonthly Geriatric Nursing journal became the official publication of NCGNP, and the organization was given a section with an editor for brief articles and news items related to the organization. The NCGNP website was updated several times and expanded its Clinical Practice Links to include practical information for NPs working with nursing homes and assisted living facilities. The NCGNP Foundation was chartered in 2005 with annual fund raising events and a growing scholarship program which now awards annually over $5,000 in scholarships.

In line with the recognition of NCGNP members’ expertise in the care of older adults, in 2002, the Board of Directors was invited to meet with the Board of Directors of Johnson & Johnson Long Term Care; conference support and a caregiver program resulted from these liaisons. Subsequently, the organization became more involved with industry-sponsored activities offered by many pharmaceutical companies. In 2004, NCGNP received a $12,000 grant from American Nurses Association (ANA) to develop a Mental Health Tool Kit for APNs working with Older Adults; in 2005, Ortho-Biotech provided a grant for a monograph on management of anemia in older adults; and in 2009, Takeda gave a substantial grant to develop and present regional training on management of constipation. However, with changes in federal regulations concerning pharmaceutical representative interactions with health care providers, pharmaceutical educational grants became more difficult to achieve, leading to new methods of support through company-sponsored speaker programs and product theaters.

Throughout the third decade, NCGNP experienced multiple growing pains as the central office staff and location changed several times from Kim Quimby, Centreville VA (1999-2004); to Sharon Stentz, MSN and others, Bethesda MD (2004-2006); to Belinda Puetz, Jon Dancy, and Harriet McClung, Pensacola FL (2006-2010); and finally to Michael Brennan and Sherry Dzurko of
Evolution of the GNP and NCGNP/GAPNA: 2000s, The Third Decade—continued

Anthony J. Jannetti, Pitman NJ (2010-present). Even with all these changes, between 2001 and 2011, membership doubled from 998 to 1,840 with several group and corporate memberships; chapters increased from 7 to 17; 6 Special Interest Groups (SIGs) were organized, and 7 categories of awards now are given by the organization. As work of the organization expanded across these years, dues increased from $55 to $75 in 2003, then to $100 in 2010. In an effort to strengthen the financial stability of GAPNA, the Board developed an investment strategy and opened an investment account with Edward Jones with a substantial portfolio designed to provide ongoing funding in case of future financial challenges. Finally, after years of debate, in 2008, the name of the organization was changed from NCGNP to Gerontological Advanced Practice Nurses Association (GAPNA), a name that was more inclusive of all advanced practice nurses working with older adults and was more reflective of the organization’s membership. Subsequently, in 2009 the membership approved a new logo, “Care, Continuity, Connection,” to develop our brand name in health care.

The GAPN Role in Advanced Practice Nursing Education and Certification

In efforts to delineate the roles and competencies of advanced practice nurses in specialty areas, a series of documents were published in this third decade. In 2001, the ANA included gerontological advanced practice nurses in, Scope and Standards of Gerontological Nursing Practice, 2nd edition; the 3rd edition was published in October, 2011. However, some state boards of nursing challenged the scope of practice of GNPs. To clarify this issue, in 2003, NCGNP adopted its first position paper, “Clinical Practice of Gerontological Nurse Practitioners.” In 2002, as 1 of 5 NP roles in primary health care, the Department of Health and Human Services and NONPF published Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women’s Health, with 48 competencies for GNPs (NCGNP was not represented on the National Expert Panel but was on the Validation Panel). With more nurses working with older adults in multiple settings, in 2002, ANA, ANCC, and Hartford Geriatric Nursing Initiative (HGNI) launched “Nurse Competence in Aging,” a 5-year initiative to work with specialty nursing associations to encourage nurses to gain dual expertise in geriatrics with their other specialty. Subsequently, in 2004, the American Association of Colleges of Nursing (ANCC) and HGNI published Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care, with 47 competencies for older adult care by all NPs and CNSs (NCGNP was represented on only the Validation Panel).

Concurrently, in 2004, the National Council of State Boards of Nursing (NCSBN) held an Advanced Practice Nursing Consensus Conference to which 50 nursing organizations were invited and 32 organizations attended; although invited to this meeting, NCGNP was not in attendance. From this consensus work group and the NCSBN Advanced Practice Registered Nurse (APRN) Advisory Committee, the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education was published in 2008. Identified in the consensus model were 4 APRN roles (i.e., CRNA, CNW, CNS, & NP) and 6 population foci, including adult-gerontology, with the scope of practice of primary care and acute care based on patient care needs, not specific settings; older adults were not recognized as a unique population at this level. The Specialties were focused on practice beyond role and population focus and were linked to health care needs, including older adults as an area of specialty practice. Thus, the GNP role is to become the Adult Gerontology Nurse Practitioner role by 2015. In 2008, GAPNA convened a group of its leaders to discuss the blended ANP/GNP issue of the Consensus Model. A spirited discussion of the pros and cons of the new role resulted in GAPNA endorsing the Consensus Model through a letter to Advisory Committee.
Evolution of the GNP and NCGNP/GAPNA: 2000s, The Third Decade—Conclusion

Meanwhile, AACN had adopted “Position Statement on the Practice Doctorate in Nursing,” moving the level of preparation for an APN from the master’s degree to the doctorate, also by 2015. In 2010, NONPF published Nurse Practitioner Core Competencies, which included 44 MSN and DNP competencies for full scope of practice as a licensed independent practitioner (GAPNA was represented on these panels). In 2007, American Academy of Nurse Practitioners (AANP) initiated certification for GNPs. However, both ANCC, which began GNP certification in 1976, and AANP will cease certifying new GNPs after 2015; future certifications will be for A/GNPs. In 2008, ANCC conducted a national survey, “Role Delineation Study of GNPs,” with 418 APNs responding to 128 behaviors. In 2010, AACN, HGNI and NONPF published Adult-Gerontology Primary Care Nurse Practitioners Competencies, with 75 competencies for A/GNPs (GAPNA was represented on both the National Panel and the Validation Panel). In 2012, AACN, HGNI, and NONPF published Adult-Gerontology Acute Care Nurse Practitioner Competencies, with 110 competencies for A/GNPs (GAPNA was not represented on either the National Panel or the Validation Panel).

NCGNP/GAPNA Work with Other Health Care Organizations

During these 10 years, NCGNP/GAPNA established or strengthened liaisons with many other APN and health care groups. Nursing groups include AANP Roundtables, American College of Nurse Practitioners Policy Summits, NONPF, ANCC, Coalition of Geriatric Nursing Organizations, National Gerontological Nurses Association, National Association of Directors of Nursing Administration/Long Term Care, National Coalition of Geriatric Nursing, Nurse Practitioner National Marketing Campaign, Americans for Nursing Shortage Relief, and others.

GAPNA also made significant strides in collaboration with physician colleagues and other geriatric groups, including members filling prominent roles in American Medical Director’s Association (AMDA) and American Geriatric Society (AGS). In 2010, a group of GAPNA leaders collaborated with AMDA and other physician groups to address the challenging issue of MD/NP supervision and collaboration in skilled nursing care. This work led to a Consensus Paper that was published in both GN and the Journal of the American Medical Directors Association, an unusual event.

GAPNA members also have made significant contributions to AMDA’s Clinical Practice Guidelines and have participated in many AGS board committees including their quality measures and Mental Health in Long Term Care Panels. GAPNA members are now members of important interprofessional national work including National Quality Forum, Eldercare Workforce Alliance, Advancing Excellence in America’s Nursing Homes, and American Association of Retired Persons.

The 2000s

In summary, between 2001 and 2011, NCGNP/GAPNA strengthened its leadership within the organization for education, practice and research; enhanced its political involvement with other nursing and health care organizations; and established its national visibility as experts in gerontological advanced practice nursing. Despite the organizational struggles with association management problems (4 changes in the national office leadership and 3 relocations of its office), in this past decade the organization was able to double membership and significantly increase financial reserves.

On the national level, the licensure, accreditation, certification, and education requirements relative to advanced practice nursing with older adults were sharpened and the Gerontological APN role was blended with the Adult APN role. Concurrently, the education of future APRNs moved from the master’s to the doctoral level with GAPN seen as a specialty practice beyond the initial APRN degree. How these changes evolve in the dynamics of health care reforms will energize the organization and the GAPN role as we move into future decades. 

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GAPNA is not alone—an increasing need exists for this organization to work with many other organizations; nursing organizations, such as the American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American Academy of Nursing (AAN), National Organization of Nurse Practitioner Faculties (NONPF), and American Association of Colleges of Nursing (AACN); geriatric professional organizations, such as the National Gerontological Nurses Association (NGNA), American Geriatrics Society (AGS), Geriatrics Society of America (GSA), American Medical Directors Association (AMDA), and Hartford Institute for Geriatric Nursing (HIGN); and older adult organizations, such as the American Association of Retired Persons (AARP). Multiple forces are shaping the future of Gerontological Advanced Practice Nursing: Education, Certification, Licensure, Accreditation, and Policy.

With regard to education, the Advanced Practice Registered Nurse (APRN) Consensus Model will change education from ANP and GNP programs to A-GNP programs for entry into practice. With regard to certification, exams will prepare the A-GNP in the future; ANP and GNP exams will be eliminated by 2015. With regard to licensure, States Boards of Nursing will address the changes in APN education and practice—some states will be early adopters, some states will change in a longer time frame, and some states may not change. With regard to accreditation, these bodies will evaluate APN programs based on the APRN Consensus Model. The Doctor of Nursing Practice (DNP) degree as entry into practice was not included in the Consensus Model, but the new NONPF NP Core Competencies assume DNP preparation. With regard to policy, the need exists for increased input from APRNs with expertise in the care of older adults in the community, acute care, and long term care, and for changes in the roles of APRNs caring for older adults with increased autonomy and equity in reimbursement. Medicare and Medicaid are under attack as entitlements with the likelihood of decreasing in funding to these programs and decreasing government support for older adults as the numbers of this elderly population are increasing.

The role for GAPNA in the future is to increase our presence at the tables influencing licensure, accreditation, certification, education, and policy. The organization must play a leading role in defining health care for older adults in the “Top of the Consensus Model Pyramid.” Taking liberty with a quotation from Henry Wallace: The only certainty in this life is change, but change can be directed toward a constructive end. The future offers opportunities for GAPNA to increase our influence and ensure that the health care provided to older adults continues to be excellent.
What is in the future for the Gerontological Nurse Practitioner Association (GAPNA) and for the Gerontological Nurse Practitioner (GNP)? In my crystal ball I see multiple opportunities for both GAPNA and GNPs. The “Silver Tsunami” (Maples, 2002) that has been widely discussed for the past four decades is now imminent. The first wave of the baby boom generation, generally defined as those born from 1946 to 1964 and the largest age cohort in history, began to turn 65 in 2011. The impact of this large number of older adults on Health Policy and Social Policy is already being felt. The expertise of the membership of GAPNA is receiving increasing recognition both within our profession as well as in the public arena. Policy makers at the national, state, and local level are seeking the input of our membership as they address the needs of older adults. GAPNA has increased its visibility in organizations that support policy that improves our practice as well as the care of older adults such as the Nurse Practitioner Round Table, Coalition of Geriatric Nursing Organizations, The Nursing Community, Advancing Excellence in America’s Nursing Homes Campaign, and the Advanced Practice Registered Nurse Work Group convened by AARP to identify barriers to our practice.

Preparing the next generation of APNs to care for those of us in the “Silver Tsunami” is another opportunity for GAPNA and for GNPs. During the past 3 decades many philanthropic organizations committed millions of dollars to prepare experts, including Gerontological Nurse Practitioners, to provide health care to the growing older adult population. In spite of this investment Nurse Practitioners certified as GNPs grew only slightly in number and recently have been on the decline. The lack of interest in pursuing an MSN with the narrow focus of GNP resulted in a concomitant decline in academic programs offering this specialty. The membership of GAPNA also reflects this trend. While initially an organization for GNPs, less than half of the current membership has only GNP certification. GAPNA has demonstrated willingness to adapt to the changes in our organization as well as to embrace the opportunities to improve the care of older adults. The name change at the 2008 Annual Conference from National Conference of Gerontological Nurse Practitioners (NCGNP) to Gerontological Advanced Practice Nurses Association is evidence of this flexibility.

Some would say the greatest challenges to the future of GAPNA and the GNP are the changes resulting from the Consensus Model for APRN Regulation (2008). Against the background of a rise in demand for older adult care and a decrease in experts prepared to provide this care, the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee developed a model that would seek to improve uniformity and portability of Advanced Nursing Practice from state to state and to assure public safety. As Advanced Practice Nurses increased in number, the variability of preparation and licensure was a mounting concern. The group defined four roles that were directly responsible for patient care: Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), Certified Nurse-Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA) (Consensus Model for APRN Regulation, 2008). By far the most challenging decision was to identify which of the many academic majors preparing CNPs and CNSs would be accepted as basic preparation for licensure described in the model as “Population Foci”. In the final Consensus Document the new population that reflected the merger of the unique preparations of Adult and Gerontological APNs was labeled “Adult-Gerontology”. This decision has been perceived by some as representing the “death of the Gerontological Nurse Practitioner” (Villars, 2012). That perspective ignores the opportunities that the Consensus Model provides not only for those passionate about the care of older adults, but also for GAPNA.
The Future of the Gerontological Nurse Practitioner and GAPNA—continued

By making the decision to merge Adult and Gerontology the committee that prepared the Consensus Model for APRN Regulation recognized the need for expertise in the care of older adults. New competencies were written to reflect the marriage of these two majors and prevent the possibility of the new preparation being “Gero Lite” (AACN, 2010). Furthermore the model requires enhanced gerontology content in all programs. From the Consensus Model for APRN Regulation (2008, pg. 10).

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 four roles providing care to the adult population (e.g., family or gender specific) must be prepared to meet the needs of the expanding older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

As both the ANP and GNP certification exams are scheduled to be retired in the future and both ANCC and AANP are scheduling their first A-GNP exams in early 2013, schools of nursing are working rapidly to make changes in their adult and gerontological APN programs to reflect the new competencies and create a new Adult-Gerontology APN major. This change affects both Acute and Primary Care programs. For schools that offered only Adult programs in the past, there may not be faculty to address the more in-depth gerontology content. GAPNA members can identify themselves to schools of nursing as Content Experts that are available to advise faculty regarding inclusion of gerontology in the curriculum and offer their expertise in the presentation of gerontology content to their students. GAPNA members can also contribute to this new generation of APNs by providing clinical sites to meet the demand for “clinical education experiences” in older adult settings required by the Consensus Model.

With the retirement of the ANP and GNP exams, APNs who are currently certified in these roles will be challenged to maintain their certification or be prepared to expand their preparation to include the full scope of the new A-GNP. Because there are exponentially more ANPs in practice than GNPs there is the potential for a much greater demand for post masters preparation of the ANP to include gerontological content. This likely trend is another opportunity for current GNPs and schools of nursing with faculty who have that expertise as well as for GAPNA to be proactive in developing programs to meet that future demand.

The Gerontological NP expert is not dead. The opportunity to continue to prepare experts in the care of the older adult continues to exist; the consensus model recognizes the need for specialization, to quote the Committee report:

APRNs may specialize but they cannot be licensed solely within a specialty area. In addition, specialties can provide depth in one’s practice within the established population foci. Education and assessment strategies for specialty areas will be developed by the nursing profession, i.e., nursing organizations and special interest groups. Education for a specialty can occur concurrently with APRN education required for licensure or through postgraduate education. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations. (Consensus Model for APRN Regulation, 2008, pg 6)
GAPNA identifies itself as “the organization of choice for advanced practice nurses who want to pursue continuing education in gerontological care and who seek peer support from experienced clinicians.” (About GAPNA, 2012) As the only Gerontological Nursing Organization specifically for Advanced Practice Nurses, GAPNA has a challenge to meet the requirement of defining the specialty as identified by the Consensus Model, often called the “Top of the Pyramid” for this model. It would be unrealistic to think we could take on that responsibility without including other stakeholders in nursing as well as our colleagues in other professions caring for older adults. While the new Adult Gerontology Competencies were intended to marry the expertise of both groups, it would be impossible to include the depth provided in a GNP program in an A-GNP program within the same time frame and similar number of credits. An important first step will be a practice analysis to define the knowledge that is necessary for the expert and is not represented in the current Adult-Gerontology competencies. The Education Committee of GAPNA is in the process of holding focus groups to develop a questionnaire as a first step in that process.

Who will GAPNA attract as members in the future? As we have seen in this series of articles we have experienced many changes over the past three decades of our existence. Our growing diversity in areas of expertise as well as our expanding influence opens many avenues for growth. The GNP specialization could be acquired by any of the four APRN roles as well as any population foci who care for older adults. Offering these professionals the opportunity for membership in GAPNA and providing them with the expertise to become a specialist in the care of older adults is a vision for the future of our organization. My crystal ball is glowing. Rather than mourning the Death of the GNP we need to embrace the many opportunities these changes provide to enhance the quality of care received by older adults as well as the way our membership and our organization can grab the brass ring and catapult into the future of Advanced Practice Nursing.  

About GAPNA: who we are.  https://www.gapna.org/about-gapna


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