ANCC Certification Examination Update

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Change In Required Clinical Practice Hours for Adult and Child/Adolescent Psychiatric-Mental Health (PMH) Certified Specialist (CS) Examination

In order to respond to concerns from ISPN and APNA members among others, about barriers to practice for the new master's prepared graduate, the Commission on Certification (COC) of the American Nurses Credentialing Center (ANCC) has decided that all clinical nurse specialist (CNS) certification examinations will become entry level examinations effective with the June, 2000 examinations. All candidates will be required to have a Master's Degree in Nursing and submit evidence of five hundred (500) clinical practice hours. While these practice hours may be obtained in the graduate curriculum, if the curriculum does not provide 500 hours, the candidate will be responsible for obtaining adequate hours to make up the difference between the hours provided in the graduate curriculum and the required 500 hours.

Change in Post Graduation Clinical Supervision Hours

Due to the need to standardize the criteria for the certified specialist examinations across all specialties as recommended by legal counsel for ANCC, the criteria of 100 clinical supervised hours will no longer be required for the entry level PMH CS examination. However, the ANCC recommendation supported by APNA and ISPN is for the certified specialist to actively participate in clinical supervision from the time he/she graduates.

Some clinical nurse specialists had voiced concern that in order to remain competitive with other mental health specialists, that the clinical supervision hours should remain and be required after a two (2) year provisional certification period rather than the customary five (5) years. Due to the need to standardize the time frame for recertification across all specialties, the compromise position taken will be to require evidence of 100 clinical supervision hours as a criteria for PMH recertification which will occur after five years.

ANCC Psychiatric-Mental Health Nurse Practitioner Examination (PMHNP)

Since March of 1999, Jane Ryan and I as Presidents of APNA and ISPN, have collaborated with Dr. Carolyn Lewis, Executive Director of ANCC and Dr. Mary Smolenski, Director of Certification Services for ANCC, to address member concerns about the proposed PMHNP examination. In addition to arranging for panel presentations by ANCC, National Council of State Boards of Nursing (NCSBN), American Nurses Association (ANA) and the American Association of Colleges of Nursing (AACN) at our respective annual conferences, conference calls have been held with representatives of ISPN, APNA, ANCC and NCSBN to problem solve how to meet the needs of advanced practice psychiatric-mental health nurses in relationship to credentialing and regulatory issues.
During this past summer, in accordance with an ANA policy to review all ANA standards every five years, a committee of appointees from ISPN, APNA, and ANA was convened by ANA to review and propose revision to the ANA PMH Standards and Scope of Practice. At the same time, ISPN and APNA have been working diligently to develop organizational positions about the PMHNP examination. As noted in detail elsewhere in this newsletter, the APNA position taken by the Board of Directors included titling the examination APRN-PMH, having a single scope of practice for the APRN-PMH based on the ANA Standards and Scope of Practice with a single certification examination. Presently, we have received feedback from members of both organizations plus the position taken by the ANA Committee on Revision of PMH Standards and Scope of Practice in the first draft of the revised standards and scope of practice.

The Commission on Certification held a conference call on November 16, 1999 with much discussion about the recommendations from ISPN, APNA, and the ANA Committee on Revision of Standards and Scope after which it decided to release the "hold" on the Test Development Committee (TDC) for the PMHNP examination process. Based on a November 29, 1999 conference call between ANCC, ISPN, and APNA we obtained clarification that the next steps for the TDC will be to hold a meeting in February to discuss the outcome of the field evaluation feedback from the ANA Draft Document on PMH Standards and Scope of Practice, review the feedback from the Executive Directors of the State Boards of Nursing and decide on the best course for the examination process.

Currently, Jane and I are working collaboratively in consultation with Carolyn Lewis and Mary Smolenski, to draft and send a letter to the Executive Directors of the State Boards of Nursing from ISPN and APNA Boards of Directors by the middle of December. We will be asking the State Boards of Nursing to determine their ability to acknowledge the APRN-PMH titling that has been proposed by the ANA Committee on Standards and Scope and the APNA Board of Directors. We will request a reply by the middle of January, 2000. It is our hope that we will have some answers to the issue of APRN-PMH titling from the State Boards of Nursing so that an orderly implementation process that may involve a transition can be developed.

Both Jane and I will continue our collaboration with ANCC and NCSBN to move this challenge forward in a mutually beneficial manner. As events unfold and develop, you will be kept informed via the APNA listserv and APNA Web page at http://www.apna.org.