American Nurses Credentialing Center (ANCC): Frequently Asked Questions About The Psychiatric Mental Health Nurse Practitioner Exam

1. How many psychiatric mental health nurse practitioner exams will there be?

There are currently two exams developed. One for the PMHNP-Adult and one for the PMHNP-Family. They will be given for the first time via computer November 1 through December 15. An analysis of the exams will occur in early January and then the exams will be open for candidates again beginning probably by mid February 2001 after the analysis.

2. I heard that the PMH-CNS exams will no longer be offered once the PMH-NP exams are phased in. If I'm not eligible to take the PMH-NP exams, I'm out of luck.

This is simply not true. We will continue to offer both the CNS and NP psychiatric mental health exams. Although some states look at the PMH advanced practice nurse the same whether that person went to a clinical specialist or a nurse practitioner program, others regulate these two roles differently and still require separate national exams. ANCC will continue to offer them until there is no longer a reason to do so.

3. What happened to the modular concept? I thought that if I was a certified PMH-CNS already, I could just take the nurse practitioner module rather than a full exam?

Although this was the original discussion and intent of the Content Expert Panel (CEP), there were eligibility issues which made it difficult to deal with the module at this time. Many certified PMH-CNSs have the required content (pathophysiology, advanced physical assessment and pharmacology), however their coursework was taken as continuing education which is not acceptable for eligibility toward ANCC advanced practice exams. Because of this, the CEP decided to move forward with the exams for graduates of nurse practitioner programs or post graduate programs until we could find a way to accept or convert the continuing education. The other piece of the content which was missing for most CNSs was the nurse practitioner clinical related to the diagnosis and medication management of psychiatric mental health clients.

ANCC is already working with faculty of universities to find an "equivalency " mechanism for the continuing education. In addition, we are surveying the state boards of nursing to find out their thoughts about the feasibility of this mechanism. Eligibility standards must be consistent for advanced practice and acceptable to the National Council of State Boards of Nursing (NCSBN) and to the individual state boards. NCSBN expressed concern to all the advanced practice certifying bodies about the credibility and psychometric soundness of all their advanced practice exams in 1996. Because of this concern, all advanced practice certifiers agreed to obtain National Commission on Certifying Agencies accreditation (NCCA). NCCA is an arm of the National Organization for Competency Assurance (NOCA) and certifies all types of professional certifying bodies. NCCA standards require rigorous processes related to development, administration, follow up, and maintenance of exams to insure that the exams are psychometrically sound and legally defensible. ANCC received their accreditation from NCCA in 1998 and must be careful not to do anything to jeopardize that status and credibility with NCSBN.

4. So what are the four courses that are required for this"module"?

This module, or in reality, the post-masters coursework, that is required for the PMHNP exam (academic coursework with credit that shows on the transcript) is as follows:

· **Advanced Physical Assessment**

This needs to be complete physical assessment and not just mental health assessment. One of the areas unique to the nurse practitioner role which is different from the clinical specialist is the expertise in full and comprehensive physical assessment, not just mental health assessment.

· **Advanced Pathophysiology**

Some schools teach more intense courses called neurophysiology or bio-physiology. The ideal is to have an advanced general pathophysiology course with an emphasis on neurophysiology.

· **Pharmacology**

An overall course in pharmacology is preferred with an emphasis in the psychopharmacology area however either is currently accepted. Candidates are expected to know what their specific state requires. Some states require a general pharmacology course for prescriptive authority for nurse practitioners.

· **Clinical Diagnosis and Management of PMH problems**

This is the nurse practitioner clinical portion with diagnosis and medication management. If the program is a basic nurse practitioner program, there must be a total of 500 nurse practitioner clinical hours. If it is a post masters course, the clinical time should be 120 hours if not more.

In addition, there must be evidence of didactic and clinical for two psycho-therapeutic modalities acquired during the nurse practitioner or post masters program.

5. Any nurse practitioner can qualify to take the PMH-NP exam.

This is simply not true. An NP must have graduated from a PMH-NP program or post-masters program or have the PMH-CNS program with the four components mentioned above. Individuals in dual programs must show evidence of all of the same requirements.

6. If I'm already a PMH-CNS, why can't I be "grandfathered" into the PMH-NP role, rather than sit an exam?

ANCC does not grandfather individuals into particular roles or specialities. The nurse practitioner eligibility criteria require specific course work to gain the nurse practitioner skills in advanced health assessment and diagnostics. Even when the nurse practitioner role first evolved, faculty teaching in nurse practitioner programs had to return to school to take those courses considered to be essential to the nurse practitioner education.

7. I took my MSN-Psych program years ago and it did not have 500 hours of clinical. You are only taking new graduates and punishing the experienced nurses by not accepting less than 500 clinical hours.

In 2000, ANCC started to accept CNS candidates right out of school for initial eligibility to sit the CNS exams, as long as their educational programs provided 500 faculty supervised clinical hours. This was to provide advanced practice entry level for clinical nurse specialists comparable to the nurse practitioners. If a CNS became certified as a PMH-CNS under the old criteria which did not require the 500 hours, we would not make them go back to get these additional hours to comply with the new CNS or nurse practitioner clinical requirements. However, in order to sit for the PMH-NP exam, at least the required 120 hours of nurse practitioner diagnosis and management clinical would still be required.

If the PMH-CNS has never been certified, did not go to a master's program which contained 500 clinical hours, and now wants to certify as a PMH-NP, we would have to review the particular situation on an individual basis. The required coursework for the NP role would still be required. Because candidates

may have many variations of educational background with and without current PMH-CNS certification, it is best to have the situation, transcripts and background reviewed individually.

8. I have been working in a psychiatric setting for a number of years and I meet your criteria through work experience and continuing education. I should be able to take the PMH-NP exam.

ANCC no longer accepts experience or continuing education toward eligibility to sit its advanced practice exams.

9. There is no need for the PMH nurse practitioner role since CNSs are already functioning as advanced practice PMH nurses. Adding the nurse practitioner role just makes things more confusing for the public and for payors.

In the ANA Scope and Standards on advanced practice nursing there are four roles identified: the nurse practitioner, the clinical nurse specialist, the nurse midwife and the nurse anesthetist. Although the PMH advanced practice nurse comes closest to merging the nurse practitioner and clinical nurse specialist than any of the other specialities, there are still states which do not see those two roles as the same and regulate them differently. Educational programs educate the PMH-NP and the PMH-CNS differently although the programs are getting more alike than not over the last five years.

Although one role is certainly a possibility for the PMH advanced practice nurse in the future (more so than any other nurse practitioner/clinical specialist specialty group), there are still 2 distinct advanced practice roles. ANCC is responding to the needs of the PMH-NPs and states who are looking for a way to provide advanced practice recognition for these NPs.

10. The ANA Scope and Standards for PMH Nursing have just been updated.

In the previous version there was no mention of the nurse practitioner role at all. The new standards speak of the advanced practice PMH nurse (APRN-PMH) as either a nurse practitioner or a clinical specialist. It is also stated that "Each individual APRN-PMH is not expected to perform every function identified within the scope of practice for advanced-mental health nursing All nurses are accountable for practicing in accordance with state law and within the limits of their knowledge, skills and abilities, taking into account what is therapeutic for each individual patient. Even though a function is within the nurses's scope of practice, the nurse may decide to refer that aspect of care to another clinician." (Scope and Standards of Psychiatric-Mental Health Nursing Practice, ANA, 2000, pg 19.)

11. The CNS-PMH will lose their current status and the ability to be reimbursed for services.

Both CNS and NPs are written into the current HCFA language regarding reimbursement. There is no reason to believe that they will rewrite language and eliminate the CNS. ANCC is not the one who created the PMHNP role or the education programs or combined /dual track CNS/NP programs. Educators responded to the needs of the community. Educators in PMH-NP programs however, do need to evaluate their curricula for consistency of course work across programs,
especially in relation to assessment and pharmacology. PMH CNS and NPs need to work together with their State Boards of Nursing and their legislators to educate them on the unique roles of both the CNS and the NP in PMH, their evolution and future.

12. ANCC moved along much too rapidly with the development of the exams and ignored input from PMH nurses.

ANCC did not jump into the development of the exam overnight. ANCC had been looking at the development of an exam since 1996 in discussion with schools of nursing, state boards of nursing, and

national organizations. ANCC worked very closely with the presidents of APNA and ISPN and made presentations to all these groups in addition to SERPN. PMHNP programs have been around since 1993. Many new programs are being developed as well as post masters' components.

The exam was begun in 1998, put on hold in 1999 and begun again this past year.

13. Once the PMH-NP exam is available, states and payors will require that exam and drop the CNS exam.

The development of this exam does not mandate any state level change of practice requirements for the PMH-CNS or NP. The PMH-NP exam simply provides a mechanism by which persons prepared as PMH-NPs may practice in states that require national certification as an NP to practice as nurse practitioners. Up to this point, PMH-NP grads had to take the PMH-CNS exams to get any kind of advanced practice status at all. If they happened to be in a state that regulated the PMH-CNS and PMH-NP differently, then they could only practice as a CNS and not an NP.

HCFA currently has both CNS and NPs mentioned in their regulations for reimbursement. Individual state insurance authorities still interpret the HCFA language individually and this is where possible conflicts may arise. That is why it is extremely important for PMH-CNS and NPs to educate their legislators and the public to their roles and capabilities.