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Executive Summary Gerontology Nurse Practitioner Alternative Eligibility Project April 2-3, 2007

ANCC convened a task force of experts on April 2-3, 2007 to develop an alternative eligibility process for the Gerontology Nurse Practitioner (GNP) Examination. The goal of this project was to create an opportunity for nurse practitioners already licensed or authorized as advanced practice nurses, and nurses who already have clinical experience in caring for those older adults, to show that they have the theoretical and empirical knowledge of aging to meet the nationally endorsed competencies for gerontological nurse practitioners. This level of specialized knowledge is beyond what would be obtained in an acute care, adult or family nurse practitioner program. This effort would also help to reassure that older adults are receiving the expert care this level of knowledge would ensure.

The ANCC's Commission on Certification wanted to explore developing a national standardized process for nurse practitioners, not initially educated as gerontology nurse practitioners, to take the gerontology nurse practitioner exam and validate their gerontology knowledge. It was not the goal of this project to make everyone gerontology nurse practitioners. The process would be targeted to acute, adult and family nurse practitioners as a secondary certification, not for state recognition, but for those who are already authorized as advanced practice nurses working a large part of the time with older adults. The final product is a model for alternative eligibility to sit for the GNP exam.

The following background is offered to provide context to the project. According to the Executive Summary of the HRSA, January 2006 National Advisory Council on Nurse Education and Practice, Fourth Report to the Secretary of Health and Human Services and the U.S. Congress. (NACNEP): 1) "The 2000 Census counted nearly 35 million people in the United States who are 65 years of age and older; about one of every eight Americans. By 2030, demographers estimate that one in five Americans will be age 65 or older;" 2) "Another dimension of the aging population is the number of older adults that are surviving into their 80's and 90's; the 'oldest-old' are the fastest growing segment in the elderly population". 3) This summary continues to state, "geriatric competence of nurses has been shown to decrease mortality, reduce disability and illness, improve quality of life, and decrease health care costs (Mezey, 2004). However, there is a shortage of nurses educated in geriatrics." One of the recommendations in this executive summary supports "approaches that increase the ability of the nursing workforce at all levels to provide quality geriatric care in all practice settings."

The following materials were reviewed and discussed by the group:

- NONPF Competencies (GNP against ANP, FNP, ACNP)
- Sample curricula from ANP, FNP, ACNP, GNP and GNP/ANP programs

- ANCC analysis of GNP, GNP/ANP, and GNP/Gero CNS programs and their ANCC pass rates
- “Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care”. (AACN and Hartford Geriatric Nursing Initiative)
- ANCC Test Content outlines for the ANP, FNP, ACNP and the GNP

After an extensive review of materials, a gap analysis, and lengthy discussion regarding the pros and cons of developing and implementing such a process, a model was developed based on the following gaps: the frail older adult, geriatric syndromes, health policy and regulations, polypharmacy and pharmaceuticals and the older adult, end of life care (ELOC), interpreting lab/test results in terms of the older adult, and use of ancillary services to meet the needs of the older adult.

Based on these gaps the following content was identified for the model:

- Health policy & aging
- Pharmacotherapeutics/medications/poly-pharmacy & aging
- Physiology of aging & functional status
- Geriatric syndromes/ Co-morbidities/frailty
- Abnormal presentation of symptoms and diseases
- Work place knowledge issues; insurance, state, federal
- Secondary content areas
 - Advanced care planning
 - Ethics
 - End of life
 - Gero Jargon
 - Health promotion in the older adult
 - Psychosocial aspects of aging
 - Mental Health Issues
 - Caregivers

The group selected the current Test Content Outline for the gerontology nurse practitioner exam as the guide for outlining/ tracking the content of this model.

Health Promotion and Disease Prevention 19% = 14 hours

- Physiology of aging & functional status
- Mental Health Issues in the older adult

Assessment of Acute and Chronic Illness 22% = 17 hours

- Geriatric syndromes/ Co-morbidities/frailty
- Abnormal presentation of symptoms and diseases

Clinical Management 28% = 21 hours

- Pharmacotherapeutics/medications/poly-pharmacy & aging
- Geriatric syndromes/ Co-morbidities/frailty

Nurse Practitioner and Patient Relationship 9 % = 7 hours

- Advanced care planning
- Ethics
- End of life
- Caregivers

Professional Role and Policy 16% = 12 hours

- Health policy & aging
- Work place knowledge issues; insurance, state, federal
- Gero “Jargon” Definitions and language (e.g. NORC- naturally occurring retirement community)

Research Utilization 6% = 4 hours

This adds up to 75 contact hours of content which could be accrued over a five year period prior to application (post graduation from initial NP program). A portion of the content would also be applicable to the renewal of their initial certification. Chart bellow outlines the requirements for eligibility and suggested content resources.

Alternate Eligibility Requirements to Demonstrate GNP Advanced Practice Knowledge (Added Qualification) for Sitting the GNP Examination

Eligibility- Must meet all	Didactic Gerontology Evidence Suggested sources of content for 75 Hours of continuing education hours	Evidence
<ul style="list-style-type: none"> • Authorized by a state to practice as an ANP, ACNP, or FNP • Nationally certified as ANP, ACNP, or FNP (Note: Does not have to be ANCC certification) 	<p>75 hours which demonstrate content in all the test content outline GNP domains Content can be seat time, on-line, self-study materials, etc.</p> <p>Academic credit: Geriatric coursework in the TCO GNP Domains can be converted to continuing education hours (1 credit = 15 contact hours)</p>	<ul style="list-style-type: none"> • Use each domain and indicate the continuing education taken that covers the area • Honor system for clinical practice • Evidence needed only if audited

<ul style="list-style-type: none"> • 75 education hours (continuing or academic) in the last five years, which cover GNP TCO domains as outlined • 2000 clinical hours of practice with geriatric patients/clients in the three years before application (beyond the educational program) 	<p>Advanced Practice ANCC or ANCC accepted accredited continuing education hours offered by:</p> <ul style="list-style-type: none"> • National Conference of Geriatric Nurse Practitioners (NCGNP) • American College of Nurse Practitioners (ACNP) • American Academy of Nurse Practitioners (AANP) • American Geriatric Society (AGS) • On-Line courses • MedScape • CD-ROM • American Medical Directors Association <p>Resource Books:</p> <ul style="list-style-type: none"> • ANCC GNP Review Book • Geriatrics at Your Fingertips (AGS) publication • Geriatric Review Syllabus 6th Ed or higher by AGS • Geriatric Nursing Review Syllabus (GNRS) by AGS 	
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The group felt that this model provided a viable option for those not seeking initial licensure as a GNP to gain and to show that they have acquired a higher level of knowledge for caring for the older adult. The group also felt that this was one step in helping to improve the care of older adults now and in the future. For additional information or questions, contact Mary Smolenski, EdD, APRN,BC, FNP, FAANP, CAE, Director of Certification, at mary.smolenski@ana.org or Diane Thompkins, MS, RN, Assistant Director of Certification, at diane.thompkins@ana.org Full copies of the meeting summary are available at: <http://www.nursecredentialing.org/cert/gnp-eligibility.pdf>