



March 1, 2021

Dear National Task Force,
c/o Mary Beth Bigley, Joan Stanley, Lucy Marion, and Eileen Breslin:

On behalf of the APNA Board of Directors, thank you for the opportunity to review and comment on the draft 2021 National Task Force Standards and Criteria for Evaluation of Nurse Practitioner Programs, 6th Edition. The Board applauds the continued inclusion of Psychiatric-Mental Health Clinical Nurse Specialists (PMH-CNSs) as qualified to provide direct oversight of Psychiatric-Mental Health Nurse Practitioner Programs. This ensures that PMH faculty in nursing programs will be able to continue in their roles as educators and directors of programs.

We understand that there is movement towards the DNP as the entry to practice, however this is currently not the case for all psychiatric-mental health nursing graduate programs. Exclusive reference to doctoral programs in this criteria without mention of master's programs – of which there are many – is premature and a source of potential confusion. For example, lines 382-386 only refer to doctoral-level competencies but make no mention of master's level competencies. Overall, a clearer delineation of when the criteria are referring to a master's level program as opposed to a doctoral program is needed.

Specific to Criterion III.K and NTF's request for a recommendation on the suggested increase in number of clinical hours: the board would like to further understand the evidence that is driving this suggested change. Is there information available regarding the need for the proposed increases in clinical hours, as well as potential impacts of this increase to schools, faculty, and students? The Board has concerns that increased clinical hours would create barriers to providing PMH NP education, impacting student and faculty cost and time, as well as exacerbating ongoing issues with locating preceptors. A possible recommendation from the APNA Board of Directors is to require 750 clinical hours for BSN to MSN programs and 1,000 clinical hours for BSN to DNP programs.

Additionally, the board feels there should be a distinction between competency and clinical hours. The clinical hours needed to achieve the "competency" will vary based on each learner and their individual educational preparation and practice experience, as well as their demonstrated abilities regarding professional competence criteria.

Finally, the board would recommend a phased implementation of any increased clinical hours in order to allow programs, faculty, and students time to adjust to the new requirements.

Again, thank you for the opportunity to review and provide feedback on the draft criteria. Please do not hesitate to reach out with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Tierney', with a large, sweeping flourish extending from the top right.

Matthew Tierney, MSN, PMHNP-BC, ANP-BC, CARN-AP, FAAN
APNA President