To NONPF Members,

The American Association of Colleges of Nursing (AACN) Essentials along with the National Task Force (NTF) for Quality Nurse Practitioner Education Criteria (and now Standards) have guided quality nurse practitioner (NP) education for over 20 years. The recent release of the [proposed Commission on Collegiate Nursing Education (CCNE)](https://www.aacnnursing.org/ccne-accreditation/proposed-standards) revised Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2023) **does not reflect** full adoption of [*The Essentials: Core Competencies for Nursing Education* (AACN, 2021)](https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf) and the [*Standards for Quality Nurse Practitioner Education 6th Edition (NTF 2022)*](https://www.nonpf.org/page/NTFStandards) .

In the past, the CCNE Standards have adopted these guidelines for quality NP education. In the proposed CCNE Standards for Accreditation, there are major departures from past practices. Unfortunately, CCNE has omitted the Level 1 and Level 2 sub-competencies of the AACN 2021 Essentials, and they are not requiring the NTF 2022 Standards for accreditation. This departure from requiring these benchmarks of quality NP education will jeopardize the future of quality NP education. Here are three key reasons:

1. **There is no differentiation between entry-level and advanced nursing roles**. The exclusion of Level 1 and 2 sub-competencies from the AACN Essentials is alarming. In the AACN Essentials (2021), each competency statement has multiple sub-competencies written at two levels to reflect learner expectations for entry-level and advanced nursing education. Omitting these sub-competencies means that an entry-level registered nurse (RN) and a nurse in an advanced role, such as an NP, are held to the same competencies. (See CCNE Standards I-B p. 5.). This decision has the potential to dilute the NP role to entry-level RN practice, which could in turn impact the progress that has been made nationwide toward achieving full practice authority for NPs.
2. **The removal of NTF Standards will undermine the quality of NP programs (and could in turn compromise the delivery of quality patient care and negatively impact patient outcomes):**  CCNE was among 18 organizations that participated in the two-year revision process of the NTF Standards, and they subsequently endorsed the 2022 update.The proposed CCNE Standards’ stated purpose and goals convey the need for quality improvement. The NTF Standards present a structure for development and continuous quality improvement for NP programs. There are no other documents available that provide these **minimal standards** for developing and implementing quality NP programs. The proposed CCNE Standards endorse quality standards, yet they have removed the NTF Standards that they endorsed from accreditation requirements. This omission of the NTF Standards will impact quality NP education and does not align with the CCNE stated purpose and goals of quality improvement. (See CCNE Purpose, p. 2-3; Goals, p. 3-4)
3. **The ambiguity of the proposed CCNE Standards jeopardizes vital resource allocation to NP programs:** The NTF Standards outline required resources for NP programs, such as faculty ratios. The NFT Standards provide deans with the leverage needed to advocate for vital resources, including human resources, technology, simulation equipment, and clinical placement management. Without the CCNE accreditation standards that endorse the NTF Standards which requires structure for development and continuous quality improvement for NP programs, university leadership can allocate resources elsewhere, including moving resources to non-nursing programs. In addition, the removal of resources may even give rise to predatory admission practices. (See NTF-S pgs. 10-12; CCNE Standard II-B, p. 9)

As the “premier standard-setting or accrediting organization for baccalaureate and graduate nursing programs” (CCNE, 2023, p.1), CCNE should set the minimum benchmark for quality NP programs. Instead, the proposed CCNE standards are removing this benchmark, which in turn could compromise quality NP education and, consequently, quality patient care.

We, as stakeholders and communities invested in NP education, have the capacity to shape these standards. Our united voice is powerful, and NONPF needs that voice now more than ever.

Call to Action:

* We urge you to engage with CCNE during this open comment period both as an institution and individually as faculty and practicing clinicians. To facilitate your response, we have provided a templated letter for use on your organizational letterhead. (See Attachment #1). Please send your letters to: [ccnestandards@ccneaccreditation.org](mailto:ccnestandards@ccneaccreditation.org).
* We encourage you to convene with your leadership, community partners, NP colleagues, educators, and clinicians, to discuss the implications of these changes for NP education programs, clinical practice, and patient safety within your institutions.

The need for your response is **immediate**—the open comment period ends on November 16th. Your prompt attention and action on this matter is greatly appreciated. NONPF has provided detailed information outlining our concerns as well as information in support of the adoption of the NTF Standards (2022) in their entirety. (See Attachment #2)

Thank you for your consideration.

Sincerely,

Mary Beth Bigley, DrPH, ANP-BC, FAAN

National Organization of Nurse Practitioner Faculties

Chief Executive Officer

**SEE INFORMATION ON THE NEXT PAGE**

Attachment #1 - Letter template for CCNE response.

To the Standards Committee and Board of Commissioners of CCNE:

Email to submit comments [ccnestandards@ccneaccreditation.org](mailto:ccnestandards@ccneaccreditation.org)

Option 1: As a stakeholder invested in nursing education and patient safety, I am writing to express concerns about the draft revisions of the CCNE Standards for accreditation.

Option 2: I must express in the strongest terms my profound trepidation concerning the proposed revisions of the CCNE accreditation standards. As a dedicated stakeholder in both nursing education and patient safety, I see these revisions not as mere adjustments but as a perilous undermining of our professional standards.

Here are three key reasons:

1. **There is no differentiation between entry-level and advanced nursing roles**. The exclusion of Level 1 and 2 sub-competencies from the AACN Essentials is alarming. In the AACN Essentials (2021), each competency statement has multiple sub-competencies written at two levels to reflect learner expectations for entry-level and advanced nursing education. Omitting these sub-competencies means that an entry-level registered nurse (RN) and a nurse in an advanced role, such as an NP, are held to the same competencies. (See CCNE Standards I-B p. 5.). This decision has the potential to dilute the NP role to entry-level RN practice, which could in turn impact the progress that has been made nationwide toward achieving full practice authority for NPs.
2. **The removal of NTF Standards will undermine the quality of NP programs (and could in turn compromise the delivery of quality patient care and negatively impact patient outcomes):**  CCNE was among 18 organizations that participated in the two-year revision process of the NTF Standards, and they subsequently endorsed the 2022 update.The proposed CCNE Standards’ stated purpose and goals convey the need for quality improvement. The NTF Standards present a structure for development and continuous quality improvement for NP programs. There are no other documents available that provide these **minimal standards** for developing and implementing quality NP programs. The proposed CCNE Standards endorse quality standards, yet they have removed the NTF Standards that they endorsed from accreditation requirements. This omission of the NTF Standards will impact quality NP education and does not align with the CCNE stated purpose and goals of quality improvement. (See CCNE Purpose, p. 2-3; Goals, p. 3-4)
3. **The ambiguity of the proposed CCNE Standards jeopardizes vital resource allocation to NP programs:** The NTF Standards outline required resources for NP programs, such as faculty ratios. The NFT Standards provide deans with the leverage needed to advocate for vital resources, including human resources, technology, simulation equipment, and clinical placement management. Without the CCNE accreditation standards that endorse the NTF Standards which requires structure for development and continuous quality improvement for NP programs, university leadership can allocate resources elsewhere, including moving resources to non-nursing programs. In addition, the removal of resources may even give rise to predatory admission practices. (See NTF-S pgs. 10-12; CCNE Standard II-B, p. 9)

As the “premier standard-setting or accrediting organization for baccalaureate and graduate nursing programs” (CCNE, 2023, p.1), the draft CCNE standards are a regressive approach of minimal standards for NP programs. You should be advancing the bar for NP programs. The current trajectory of the proposed CCNE Standards is a step backwards, posing deleterious risks to the maintenance of quality NP education and, consequently, to quality patient care.

We have a consensus quality document developed and endorsed by 18 nursing organizations, including CCNE, that is not being applied in accreditation standards. It is imperative that the national, professional standards, including the NTF Standards and AACN Essentials be fully adopted and required for quality NP education.

Thank you.

Individual or School Signature line

**SEE INFORMATION ON THE NEXT PAGE**

**Attachment #2 -– NONPF’s concerns by proposed CCNE Standard and information in support for adopting the NTF Standards**

The below items are the NONPF Board of Director’s comments to assist in your submission to CCNE regarding the proposed CCNE Standard. The NONPF Board encourages all faculty to respond to CCNE during the open comment period, which closes next Thursday, November 16. Additionally, you are encouraged to bring these comments to your leadership for consideration of an institutional response. Letters can be sent to: [ccnestandards@ccneaccreditation.org](mailto:ccnestandards@ccneaccreditation.org).

The two main concerns are,

* The proposed [CCNE Standards](https://www.aacnnursing.org/ccne-accreditation/proposed-standards) do not adopt the entire AACN Essentials (only domain, concepts and competencies) and specifically left out sub-competencies and all pages related to hours, projects, and definitions of advanced nursing practice/roles, to name a few).
* The proposed [CCNE Standards](https://www.aacnnursing.org/ccne-accreditation/proposed-standards) do not adopt the entire [National Taskforce Standards for Quality Nurse Practitioner Education, 6th Edition (2022),](https://www.nonpf.org/page/NTFStandards) that was endorsed by 18 national nursing organizations and was a required document in the prior CCNE Standards.

Proposed CCNE Standard I Program Quality: Mission and Governance

Key element 1b-page 6

*Elaboration: The program identifies the professional nursing standards and guidelines it uses.*

*CCNE requires the following components of The Essentials: Core Competencies for Professional*

*Nursing Education (Essentials) (AACN, 2021):*

*▪ the 10 “Domains for Nursing” (Essentials, pp. 10-11);*

*▪ the 8 “Concepts for Nursing Practice” (Essentials, pp. 12-14); and*

*▪ the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

Key element1B – page 6 bottom of page:  *A program may select additional standards and guidelines (or components thereof) that are current and relevant to program offerings*.

* The proposed CCNE standards addition of the words ‘the components of” is inconsistent with the intent of a Standards document. This would permit a school to use some of the criteria in the NTF Standard but not all of the criteria. For example, a school may decide to remove:
  + Criterion III.B. The NP faculty have input into admission criteria for each NP population focused track and degree/certificate program.

Or a school may remove:

* + Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This criterion include:
    - • One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
    - • NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program’s faculty workload formula.

The selective removal of these criterion would create a deleterious impact on education quality and will create a significant financial threat for securing physical and human resources, including faculty and staff for simulation and clinical placement management.

* Sub-competencies:  As noted above, the proposed CCNE Standards left out AACN Essential sub-competencies. As written, an NP program could get accredited based just on the vague, high level 45 AACN Essential competencies, as sub-competencies are not included, and professional organization standards are optional. The proposed CCNE standards require only a selection of the AACN Essential pages (10-14 and 27 to 54), thus leaving off key components of graduate education, including competencies, scholarly project and practice hours.
* There is no longer any guidance for direct or indirect clinical hours, leaving it to schools to determine what practice hours are needed to develop practice ready graduates. The AACN Essential guidance for practice hours is on page 23 and page 24 and these pages are not included in the proposed CCNE Standard. There is no definition of direct care hours, nor is the NTF Standard guidance (Criteria III.H page 14) or definition for direct clinical hours (page 20) included.
* The deletion of the NTF Standards for Quality NP Education in key element 1B will impact the practice readiness of NP graduates. The NP profession does not have a separate accreditor for NP programs like anesthesia (COA) and midwifery ACME). The NP profession needs CCNE to support NP program rigor, by adopting the NTF Standards.  If the NTF Standard are not included, the quality of all NP Programs will be jeopardized.

Proposed CCNE Standard II Program Quality: Institutional Commitment and Resources

Key Element II-G, page 11

This key element is about preceptors. NONPF recommends that CCNE add that APRN preceptors are appropriate to role and population. Without this distinction, nurse practitioners practicing out of scope will be permitted to precept students. This will negatively impact more than 15 years of standardization and role clarity gained by the APRN consensus model. For example, we may have primary care NPs (AGPCNPs)who are practicing out of scope working in the ICU precepting ACNPs.  Or, potentially FNPs working in the NICU precepting NNPs.

Proposed CCNE Standard III Program Quality: Curriculum and Teaching-Learning Practices

Key Element III C-D, pages 14-16

The definitions of advanced nursing practice specialty and advanced nursing practice role are not included in the pages of the Essentials required by CCNE. The language in this key element is inconsistent with definitions used in the Essentials and with other professional standards. Without those definitions, it is unclear what this key element is referring to.

Key Element III-D, page 16

The key element states, ‘Direct entry DNP programs that prepare individuals for RN licensure include advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content’.    This is extremely unclear. Since CCNE does not appear to accept the difference between Level 1 and 2 competencies, and only competencies that apply across all levels*,* how would a school achieve this Key Element? The standards, as drafted, have no differentiation between the competencies of a BSN, MSN or DNP prepared nurse because they all have the same set of required competencies. This Key Element needs a substantial revision to align with the AACN Essentials differentiating between level 1 and level 2as well inclusion of the requisite advance level competencies, including the NONPF Role Core Competencies.

Key Element III.F, page 17

With the removal of degree specific competencies and failure to include level 1 and level 2 competencies, this key element does not have the foundational information to support a logically structured curriculum. Again, without any differentiation between entry and advanced nursing practice, how would a school logically structure an advanced curriculum.

Proposed CCNE Glossary

Page 24 *- Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.*

The proposed CCNE standards frequently use the word clinical experiences. In NP education there is a distinction between direct patient care clinical experiences and indirect clinical experiences. CCNE has stated the determination as to what is necessary for NP students is determined by the certifiers. Yet, several certifiers do not use the profession’s standard language, nor do they differentiate between necessary direct patient care or indirect clinical hours. During the transition to competency-based education and assessment and with not acknowledgement of difference in competency of entry to practice and advanced nursing practice, there is a clear need to define the number of direct patient care clinical hours.

Page 25-26 - *Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master’s, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.*

*CCNE requires that baccalaureate and graduate nursing programs incorporate the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies” identified in The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). CCNE is one of 18 organizational members of the National Task Force on Quality Nurse Practitioner Education (NTF) that endorsed the Standards for Quality Nurse Practitioner Education (NTF, 2022). According to the NTF Standards, endorsement is defined as “a general philosophical agreement with the content and intent” of the document (p. 4). Programs incorporate additional professional nursing standards and guidelines (or components thereof), as appropriate, consistent with the mission, goals, and expected outcomes of*

*the program.*

The NONPF Board’s comments in support of full adoption of the AACN Essential and NTF Standards are outlined below. The above Glossary definition of *Professional Nursing Standards and Guidelines* is unclear and does not provide any clear guidance to schools.

**The NONPF comments in support of full adoption of the NTF Standards are outlined below.**

* Faculty ratios provide deans with leverage for resources-without them, in financially struggling schools, presidents and provosts will pull resources to other places. There will not be faculty ratio data, as is in other health profession standards, to guide university leadership. Often non-health professional leaders struggle to understand the resource needs of practice-based discipline and this omission threatens healthcare education quality and healthcare quality in general. In state schools where tuition is often set by legislators who also fail to understand health profession education, schools may find themselves having to have to do more with less. (NTF Chapter II-Resources)
* Securing qualified preceptors has been a challenge for all schools. By not adopting the NTF Standard, Criterion II.G is removed. This criterion calls for schools to have sufficient number of appropriate clinical sites and preceptors for enrolled students and seeks to eliminate the negative impact of students having to skip a semester due to a lack of clinical sites.
* The triad evaluation process (student, faculty, preceptor) is outlined in the NTF Standard Criterion IV.H. The NP faculty evaluates student clinical experience(s) in each clinical course.

Required Evidence:

• Documentation of joint faculty, preceptor, and student meeting(s) regarding student progress in clinical courses.

• Documentation of preceptor(s) and faculty interactions to determine needs, information, and support to improve experiences for preceptor and/or student.

This NTF Standard promotes faculty, preceptor and student communication that contributes to a trusting and ongoing relationship with the school and clinical site. The relationship is necessary to continue to grow the preceptor pool.

* Quality starts with defining the role specific competencies that are to be achieved. CCNE I-b. states ‘**May** select additional standards and guidelines or **components thereof** that are current and relevant to program offering’. It is unclear whether programs will require role competencies or choose only components of the competencies. In this case NP programs choosing what is *in or out* of their program will result inconsistencies in the preparation of our graduates and compromise patient safety.
* The key to ensuring a quality NP program is the input and oversight by NP faculty in the regular review and revision of the curriculum.NTF Standard Criterion III.Dstates, ‘*NP faculty provide input to the development, implementation, evaluation, and revision of the entire curriculum, including the graduate nursing core courses, APRN core courses, and NP population focused courses’*. Without the required input of NPs in NP curriculum, quality is compromised.
* NTF Criterion III.G. ensures that students who enter into precepted direct patient care clinical hours are prepared with the entry level advanced practice competencies. Having students prepare for precepted clinical experience with basic advanced level competencies decreases preceptor burnout.