

The National Task Force Standards FAQ June 16, 2022

What is the function of the National Task Force?

The National Task Force (NTF) is a multiorganizational collaboration, involving 19 national nursing organizations, 18 of which are voting members, representing regulation education, certification, accreditation, and practice. The role of the NTF is to provide periodic review, and revision, of the standards and criteria delineated in the National Task Force Criteria, now titled NTF Standards (formerly titled *NTF Criteria*). The NTF sets standards, and criteria, to facilitate NP program quality and ongoing quality improvement through quality assessment, maintenance, and planning.

The National Organization of Nurse Practitioner Faculties (NONPF) and American Association of Colleges of Nursing (AACN) are the two facilitating organizations for the NTF. Together, these two organizations have coordinated the work of the NTF and provided administrative support since the first NTF convened in 1997.

What led to the decision to update the National Task Force Standards (2022)?

The NTF engages in the review, and revision, of the NTF Standards every 3-5 years. The 6th NTF began its work in December 2019 and reviewed the entire document. One of the first steps these NTF members took was to engage in an in-depth discussion concerning the major influencers in the current healthcare environment, higher education, and NP education and practice.

How does the NTF Standards fit with competency-based education? This question is answer.

Yes, nursing education is moving to competency-based education (CBE) as seen by the approval of the AACN *Essentials Core Competencies for Professional Nursing Education* (AACN, 2021). That policy document provides a competency-based framework for both entry-level, and advanced level, professional nursing education. The NTF supports the transition to CBE. The revised NTF Standards represent a commitment to quality NP education and preparation of a consistent product. As the strength of evidence to support valid and reliable competency assessment techniques builds, the role, and number, of practice experiences may evolve over time.

The revised NTF Standards require students to demonstrate the Patient Care competencies at Time 1 progression of the *Common Doctoral APRN Competencies* (AACN, 2018). The faculty then use the indicator, delineated in the prior to assigning students to a precepted experience focused on diagnosis and management of health problems. This supports the nursing profession's early transition to competency-based education.

What can schools/programs begin doing now to begin this transition?

The transition to full implementation of the NTF Standards will take time, faculty development and administrative support. Schools can gradually incorporate the NTF Standards into their programs by reviewing institutional, and school, policies and procedures for alignment with the NTF Standards. These activities might include identifying activities that require institutional approval for change, planning and implementation of required evidence, and encourage faculty to create ways to implement criteria and the collection of evaluation evidence.

What was the rationale behind increasing the clinical hours to 750 direct patient care hours?

The increase in the 750 minimum number of direct patient care hours required in an NP education program is only **one** of the changes made by the NTF to strengthen the quality of NP education and to prepare practice ready NP graduates. The decision to increase the minimum number of hours for all NP programs was made after extensive discussion by the NTF, as well as listening to extensive feedback from diverse stakeholders including employers, graduates, and faculty.

Other important factors considered were the growing complexity of health care, the expanded expectations/scope of practice of NPs, and the growing number of post-graduate NP residency/fellowship programs, which all point to the need for additional clinical experiences in NP education programs prior to graduation. The increase in required clinical hours applies to all NP programs, including all populations and both master's, and DNP, degree programs.

What was the rationale to increase faculty to student ratio for overseeing student precepted experience from 1:6 to 1:8?

Historically, the NTFC recommended a ratio of 1:6 when faculty were overseeing the students' precepted experiences. NTF's environmental scan, however, noted that many NP programs had a clinical faculty to student ratio of 1:8. This new 1:8 ratio is now mandatory; any reference to a 'recommended' status has been removed.

What is the requirement for having the criterion of one full-time equivalent (FTE) faculty not to exceed 24 matriculating NP students?

The purpose of having an NP faculty to matriculated student ratio is to require a favorable NP faculty workload as indicated in the NTF Standards, Criteria I.J, and thereby, to provide quality for NP student education. Matriculation refers to a total of ALL NP student enrollments or registrations as a student at a university or college in a degree or post graduate certificate awarding program. This includes all students enrolled or registered in all foundational courses through graduation. Students who are on a leave of absence are also included in the matriculation totals.

An NP program faculty is defined as ALL faculty teaching in didactic or clinical courses in the NP program or track, not just those who are certified NPs. A full-time equivalent (FTE) is a measure of faculty effort, not merely an actual person count. An FTE can be specified as one person, such as a faculty or director of a population-focused track, or multiple faculty whose effort is directed to clinical teaching and is equivalent to one individual's full time teaching load. For example, if you have a need for one FTE to teach a didactic course and supervise the students clinically, two or more faculty members could split the FTE. Part of the effort can be from faculty who are not NPs but meet the standards for teaching. Increasingly, the effort within the allotted FTEs is from part-time adjunct, or clinical, instructors.

How do the 750 direct patient care hours, noted in the NTFS, relate to the 500 practice hours defined in the AACN Essentials?

The NTF Standards and AACN Essentials are two separate documents and delineate expectations for different, but overlapping, groups of students, of which NP students are one subset. The *AACN Essentials: Core Competences for Professional Nursing Education (2021)* is an overarching document that provides a framework, and expectations, for all professional nursing education which includes all advanced level nursing practice programs. The new *National Task Force*

Standards and Criteria for Quality Nurse Practitioner Programs (2022) delineates standards for one subset of advanced level students, NP students only. Therefore, the 500 practice hours required in the AACN Essentials for all students graduating from any advanced-level professional nursing program and the 750 direct patient care hours required in the NTF Standards for all NP students are two different, but partially overlapping, requirements and expectations. The 500 practice hours specified in the AACN Essentials includes both direct and indirect practice experiences. These 500 practice hours are the **minimum number of hours** a student will need to demonstrate the advanced-level competencies delineated in the AACN Essentials. This does include all NP students.

NP education is transitioning towards Competency-Based Education (CBE). However, given the lack of evidence to support specific experience quantities, case numbers, or hourly requirements to achieve competencies, a minimum threshold of hours remains necessary at this time. Therefore, the NTF Standards continues to rely on the direct care clinical hour requirement to assess NP students as CB assessment tools are being developed, tested, and determined as valid and reliable measures of competencies.

The 750 direct clinical care hours specified in the NTF Standards includes only direct care experiences, as defined in the NTF Standards glossary. Attaining, and demonstrating, the AACN Essentials advanced-level competencies, the NONPF NP Role Competencies, and nationally recognized population-focused competencies will require direct care experiences; therefore, **some portion of the 500 practice hours specified in the AACN Essentials will overlap with the 750 direct care hours specified in the NTFs.** The number of hours that overlap will be determined by the area of practice as well as the curriculum design and program expectations.

What is the role of simulation in NP education?

The NTF Standards state that simulation has an “important role in the learning and assessment of NP students. However, the NTF believe that additional evaluation of the appropriate, and reliable, uses of simulation for NP learning and assessment is needed. Therefore, simulation may support, but not replace, the minimum 750 direct patient care hours. One change in the NTF Standards was the use of simulation as one possible method for preparing, and assessing, students’ competencies prior to engaging in precepted direct patient care experiences. The document identifies the competencies for the NP student to demonstrate prior to initiating precepted direct patient care experiences.

Selection, and use, of simulation for learning must align with national best practices, standards and guidelines practices and/or standards identified by the NP program. National guidelines include those developed by the International Nursing Association for Clinical Simulation and Learning (<https://www.inacsl.org/healthcare-simulation-standards>, 2021) and the Society for Simulation in Healthcare (<https://www.ssih.org>, 2021). Additionally, the NP program prepares faculty/staff to facilitate simulation and the institution provides for physical, and fiscal, resources to support the use of simulation, such as standardized patients, supporting technology, and equipment as required.

The NTF Standards addresses the importance of diversity, equity and inclusion in NP education. How can this be achieved and how can these issues be best incorporated in NP curricula?

The added emphasis on the importance of diversity, equity, and inclusion addresses the institutional, and program, policies and practices. NP programs are encouraged to review their

policies, curriculum, faculty, and student experiences. One component of this review will be to ensure that the curriculum prepares students to address the social determinants of health in their practice. The NP program leaders have the opportunity to review, and implement, innovative tested methods to create a diverse, equitable and inclusive environment within the population-focused tracks, according to institutional policies.

When will the NTF Standards requirements take effect?

The transition to the new NTF Standards for programs is anticipated to take 3-5 years, with some outliers. Accreditors and certifiers will need time to implement the new Standards into their policies and practices, as will the NP education programs.

Finding preceptors for NP students has been difficult for many programs., how does the NTF Standards address this challenge to provide the necessary clinical opportunities to students so they can meet the requirements?

The NTF recognizes that obtaining clinical placements for students has been difficult for programs. We encourage programs to develop strong partnerships with practice institutions, and to think broadly regarding the opportunities within the community and across the care continuum.

The NTF Standards now requires that faculty prepare and assess students with a basic set of core competencies prior to engaging in a precepted clinical experience. The rationale for this change is so that nurse practitioners are better prepared to enter clinical thereby decreasing the burden on preceptors and creating a national exception of what students should be prepared to do when they arrive for preempted clinical rotations. This baseline preparation may be assessed through faculty led clinical experiences or simulated clinical experiences. Further, the NTF Standards provides a checklist ([Sample Form F](#)) for faculty and preceptors to use to promote communication and outline each person's roles and responsibilities.

Does the NTF Standards only apply to NP programs that offer a DNP degree?

No. The NTF Standards apply to all NP education programs and the document remains degree neutral. The NTF Criteria (2016), and all previous editions, were also degree neutral and intended for all NP education programs.

How does the NTF Standards impact NP programs and individual faculty?

The new NTF Standards focus on the institution's, and program's, responsibilities rather than the individual student's requirements. The new NTF Standards acknowledge the transition to competency-based education. They do not change the roles of the faculty, but they do make the role of faculty more explicit, specifically regarding the approval, implementation, and evaluation of clinical sites/experiences, orienting preceptors, and responsibility for evaluating student competencies.

Criterion II.C. requires, *documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses, and faculty current expertise*. What is meant by this criterion?

Faculty who are teaching NP diagnosis and management courses (those courses that teach students how to diagnose and manage conditions such as hypertension, depression, conjunctivitis, etc.) or oversee clinical coursework (direct clinical hours) must be engaged in clinical practice. The school must have documentation of faculty practicing. Faculty must maintain clinic expertise. The amount of practice may differ based on the faculty. For example, a NP that has been working full-time as an NP for 20 years would be able to maintain their

expertise in a few hours a week (at least for a few years). A new NP becoming a faculty member after a year of practice may need much higher levels of practice to maintain expertise. In addition, faculty must be evaluated annually on their practice expertise.

Criterion II.C. required evidence includes the method used to determine faculty workload for the NP program. Can NP programs provide their institutional formula? How is full-time equivalent (FTE) defined?

Yes, you can provide your institutional formulas that show how you meet the criteria. The definition in the Glossary is a resource to assist as you convey the information requested.

Full-time equivalent (FTE) is defined differently across NP programs. The NTF Standards does not provide a definition.

When evaluating a student in clinical practice, are faculty required to be on-site with the student? Is the preceptor required to be present during the evaluation?

Required evidence in Criterion IV.H includes documentation of joint faculty, preceptor, and student meeting(s) regarding student progress in clinical courses. Faculty are required to meet in this triad. This can be accomplished with an onsite or virtual observation as stated in Criterion IV.G. required evidence.