CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

A Defining Moment: National Policy, Workforce Realities, and the Future of APP Postgraduate Training

Margaret Flinter, PhD, APRN, FNP-C, FAAN, FAANP

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Speaker

Margaret Flinter, PhD, APRN, FAAN, FAANP

Chairperson, Board of Directors, Consortium for Advanced Practice Providers (CAPP)

Senior Vice President / Clinical Director, Community Health Center Inc. (CHCI) and Moses Weitzman Health System (MWHS)

Founder and Senior Faculty, Weitzman Institute

FlinteM@chc1.com

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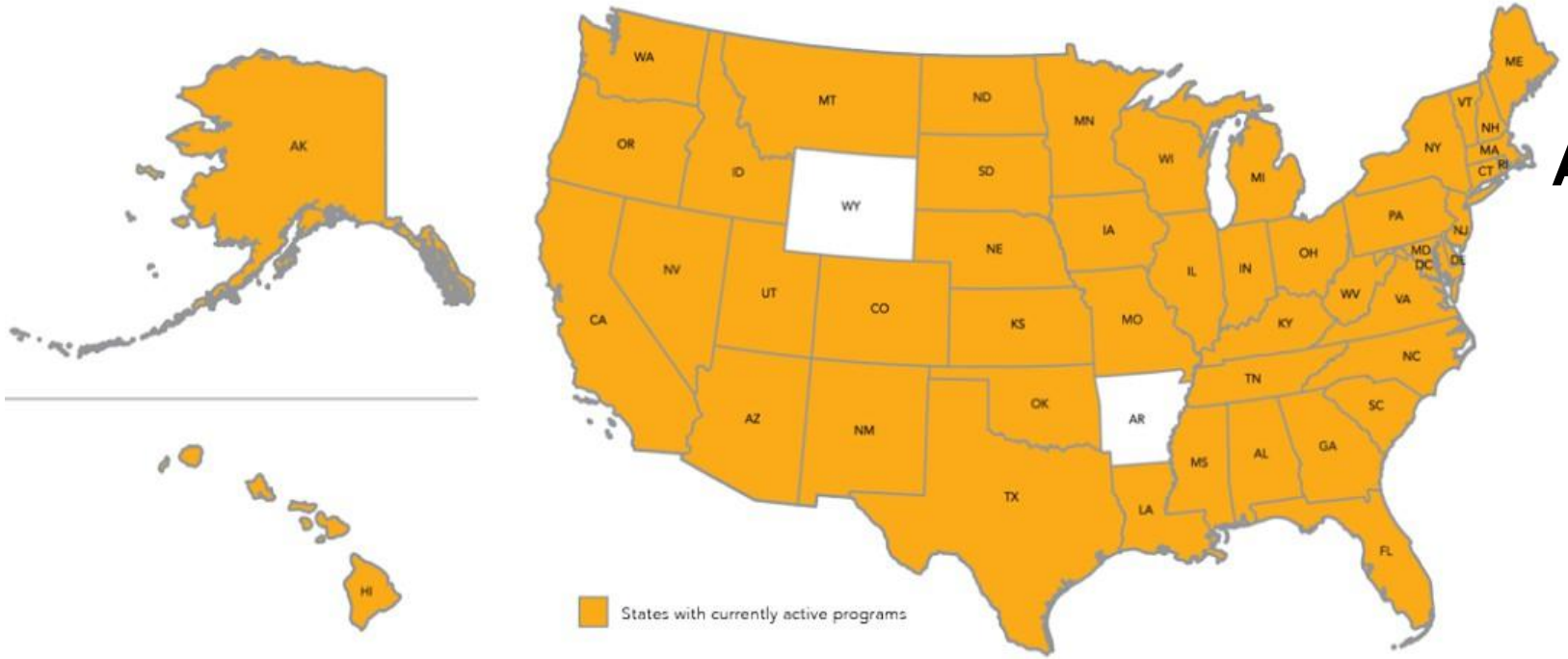
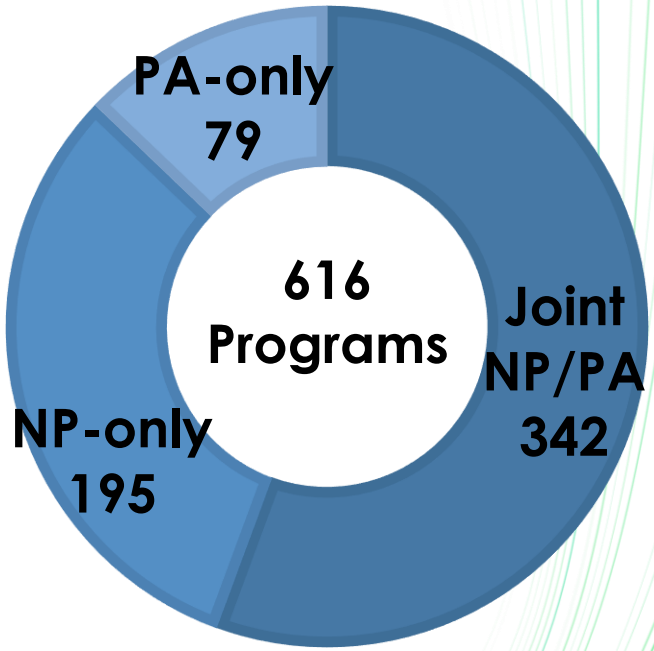
APP Postgraduate Training Programs Nationally





616 total APP Postgraduate Training Programs as of today (July 12, 2026)

- 616 APP Postgraduate Training Programs
- 276 Primary Care APP Postgraduate Training Programs
- 124 APP Postgraduate Training Programs in FQHCs
- 103 NP Programs at the VA
- 12 PA Programs at the VA
- 122 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP) Postgraduate Residency Training Community of Practice thru 6.30.26

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From New Nurse Practitioner to Primary Care Provider: Bridging the Transition through FQHC-Based Residency Training

Margaret Flinter, PhD, APRN, c-FNP

Article

Abstract

Community Health Center, Inc. (CHCI), a multi-site, federally qualified, health center (FQHC) in Connecticut, implemented a one-year-residency program for new nurse practitioners (NPs) in 2007. This residency program is specifically designed for family nurse practitioners intending to practice as primary care providers in federally qualified

November 28, 2011
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Capitol Hill Gets Briefed on NPs in FQHCs

By Eileen T. O'Grady, PhD, RN, NP

With economic stimulus funds working their way through federal agencies for disbursement, a group of inspirational NPs held a briefing on Capitol Hill on May 28 to tell congressional staff about unique workforce issues in Federally Qualified Health Centers (FQHCs) and steps they have taken to address these issues. FQHCs receive Medicare and Medicaid reimbursement for care for uninsured individuals. Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., in Connecticut, and other executives from that organization led the NPs as they shared their stories.

Margaret's organization is an example of community health centers, serving 70,000 patients in 160 locations across Connecticut. This FQHC is a model of a comprehensive, fully electronic, primary health care system.

Nationwide, there are 6,000 vacancies for primary care positions in community health centers. The turnover rate is very high. The NPs at the congressional briefing presented compelling cases about unique challenges that providers at their health centers face. The Capitol Hill visitors spoke of the need for NPs committed to the underserved to have support in their first year of practice.

To address these needs, the Connecticut Community Health Center developed and implemented a model for a one-year residency training program to prepare new NPs for practice in any FQHC in the nation. New NP graduates (either MSN or DNP) receive a full salary and intensive, structured support while they develop competency and confidence as primary care providers in this challenging setting.

Two NPs, one just entering the residency training program (Kandee Hicks) and a graduate from the inaugural group of 2007-2008 (Monica O'Reilly) spoke of their journeys into nursing and their commitments to the underserved. They described how their classmates avoided community health centers or left after short stints because they felt overwhelmed and unprepared to serve such complex patients.

Monica told how the NP residency program smoothed her transition from NP graduate to provider. All elements of the residency, from precepted clinics to additional training in specialty areas, prepared her to thrive in her new position as a primary care provider in another FQHC. The speakers eloquently shared powerful stories of the work of well-prepared NPs in this difficult setting.

The goal of the NP-led briefing was to educate congressional staff about the value of FQHC-based residency training and to propose a model for replication across the country. A proposal developed by the Connecticut Community Health Center was put forward to target specific Health Resources and Services Administration funds for this purpose.

Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., speaks at the congressional briefing. Seated at the table are Mark Masselli, president and CEO of the organization, and Monica O'Reilly, APRN, a graduate of the inaugural class of the residency program who now works at Holyoke Health Center in Holyoke, Massachusetts.

Monica O'Reilly, APRN, a graduate of the inaugural class of the Community Health Center residency program, shares her experiences. Seated at the table are (left) Kandee Hicks, MSN, an incoming resident in the program, and Nwando Olayiwola, MD, chief medical officer of the Community Health Center.

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From CHCI 2006 Archives: The "Why"

- Support transition of new nurse practitioners to primary care providers in FQHCs
- Provide new nurse practitioners with a depth, breadth, volume, and intensity of clinical training necessary to serve as primary care providers in the complex setting of the country's FQHCs
- Train new nurse practitioners to a model of primary care consistent with the IOM principles of health care and the needs of vulnerable populations
- Create a nationally replicable model of FQHC-based Residency training for nurse practitioners
- Prepare new NPs for practice in a setting–rural, urban, large or small
- Develop a sustainable funding methodology

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In addition to the who and the why, today we celebrate the "where" as well:

FQHCs

Veteran Affairs

Health Systems/Hospitals

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FQHC Staffing, Visits, and Training

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
8.	**Total Physicians (Lines 1–7)**	15,755.73	39,196,999	3,745,870	
9a.	Nurse Practitioners	13,434.71	30,153,265	2,861,313	
9b.	Physician Assistants	4,223.70	10,309,553	1,315,594	
10.	Certified Nurse Midwives	734.71	1,434,272	76,786	
10a.	**Total NPs, PAs, and CNMs (Lines 9a–10)**	18,393.12	41,897,090	4,253,693	

Source: Uniform Data System, 2024– Table 5: Staffing and Utilization
https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=5&year=2024

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Postgraduate Training in FQHCs

Line	Measures	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
	Medical		
2.	If yes, please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the calendar year. (Do not answer this question if your response to question 1 was No). Note: Line 1, below, is the count of individuals, regardless of their specialty. Lines 1a–1f are to account for the multiple specialties that an individual has received or may be receiving training for during the calendar year (e.g., an Internist + other specialty).		
	1. Physicians	9,942	7,085
	2. Nurse Practitioners	4,867	1,944
	3. Physician Assistants	2,673	535
	4. Certified Nurse Midwives	169	123

Source: Uniform Data System, 2024– Table WFC: Workforce
https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=WFC&year=2024

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Postgraduate Training in FQHCs (continued)

Mental Health and Substance Use Disorder		
11. Psychiatrists		582
12. Clinical Psychologists	371	220
13. Clinical Social Workers	1,044	676
14. Professional Counselors	392	302
15. Marriage and Family therapists	96	151
16. Psychiatric Nurse Specialists	53	34
17. Mental Health Nurse Practitioners	535	220
18. Mental Health Physician Assistants	63	5
19. Substance Use Disorder Personnel	216	104

Source: Uniform Data System, 2024– Table WFC: Workforce
https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=WFC&year=2024

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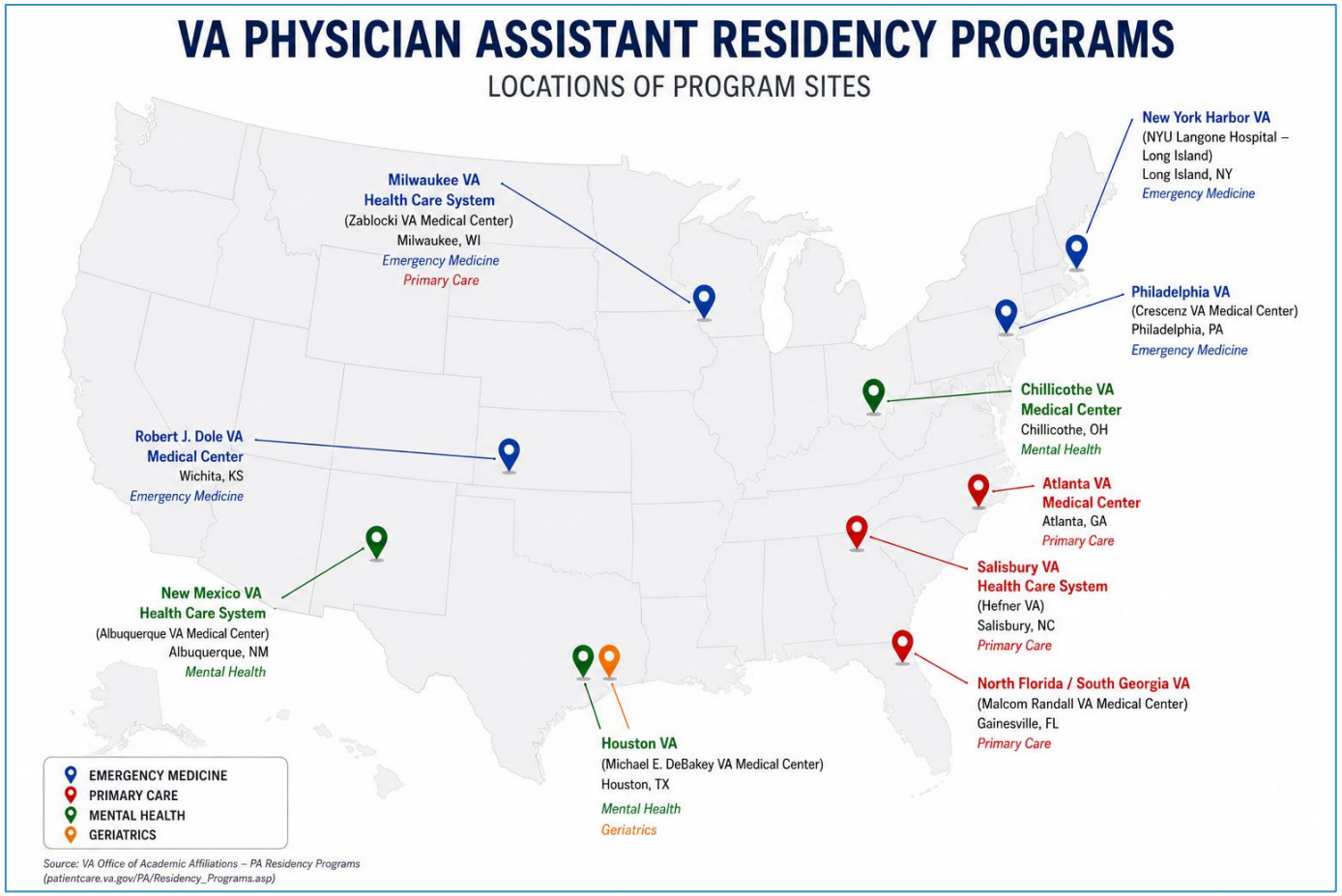
Veteran Affairs (VA) Training for PAs



Residency Program	Number of sites
Emergency Medicine	4 sites
Primary Care	4 sites
Mental Health	3 sites
Geriatrics	1 sites
Total	12 sites

As of December 2025, since the PA residencies were first piloted in 2016, they have had 211 PA graduates of the programs.

Source: https://www.patientcare.va.gov/PA/Residency_Programs.asp

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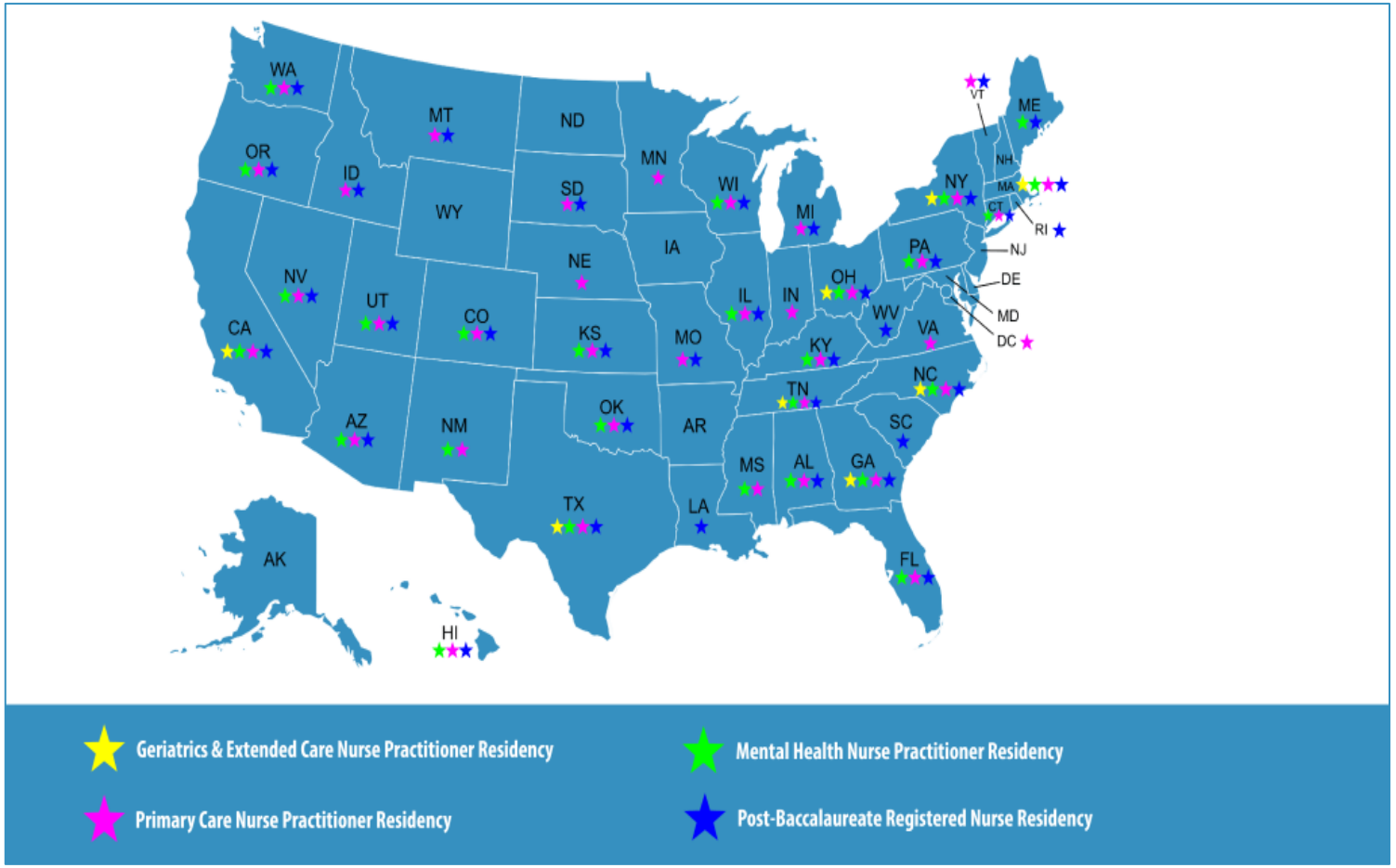
Veteran Affairs (VA) Training for NPs



Residency Program	Number of sites
Post-Baccalaureate Registered Nurse Residency (PB-RNR)	58 sites
Primary Care Nurse Practitioner Residency (PC-NPR)	54 sites
Mental Health Nurse Practitioner Residency (MH-NPR)	39 sites
Geriatrics & Extended Care Nurse Practitioner Residency (GEC-NPR)	10 sites
Total	**161 sites**

Source: https://department.va.gov/vha/academic-affiliations/nursing-education/

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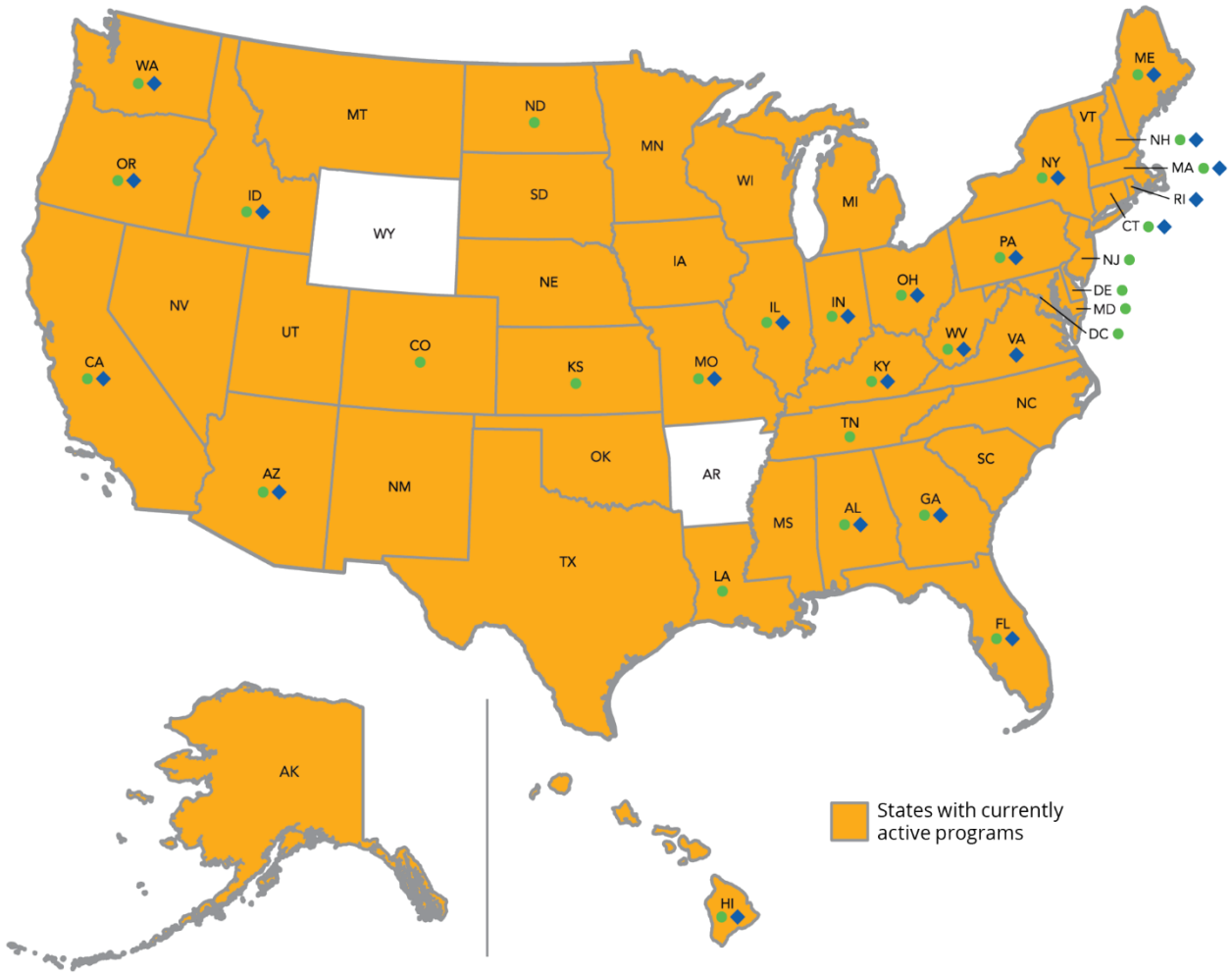
APP Postgraduate Training Programs Nationally



State	Current #of Programs
Alabama ● ◆	5
Alaska	1
Arizona ● ◆	21
Arkansas	0
California ● ◆	45
Colorado ●	18
Connecticut ● ◆	13
Delaware ●	7
Florida ● ◆	46
Georgia ● ◆	15
Hawaii ● ◆	3
Idaho ● ◆	2
Illinois ● ◆	22
Indiana ● ◆	20
Iowa	6
Kansas ●	6
Kentucky ● ◆	21
Louisiana ●	1
Maine ● ◆	3
Maryland ●	9
Massachusetts ● ◆	25
Michigan	3
Minnesota	22
Mississippi	2
Missouri ● ◆	9
Montana	1

State	Current #of Programs
Nebraska	2
Nevada	8
New Hampshire ● ◆	8
New Jersey ●	8
New Mexico	7
New York ● ◆	57
North Carolina	29
North Dakota ●	1
Ohio ● ◆	16
Oklahoma	3
Oregon ● ◆	7
Pennsylvania ● ◆	21
Rhode Island ◆	3
South Carolina	4
South Dakota	1
Tennessee ●	20
Texas	27
Utah	5
Vermont	1
Virginia ◆	17
Washington ● ◆	19
District of Columbia (Washington, D.C.) ●	5
West Virginia ● ◆	4
Wisconsin	15
Wyoming	0

● = State with program(s) funded by the HRSA ANE-NPR Grant
◆ = State with program(s) accredited by the Consortium for Advanced Practice Providers

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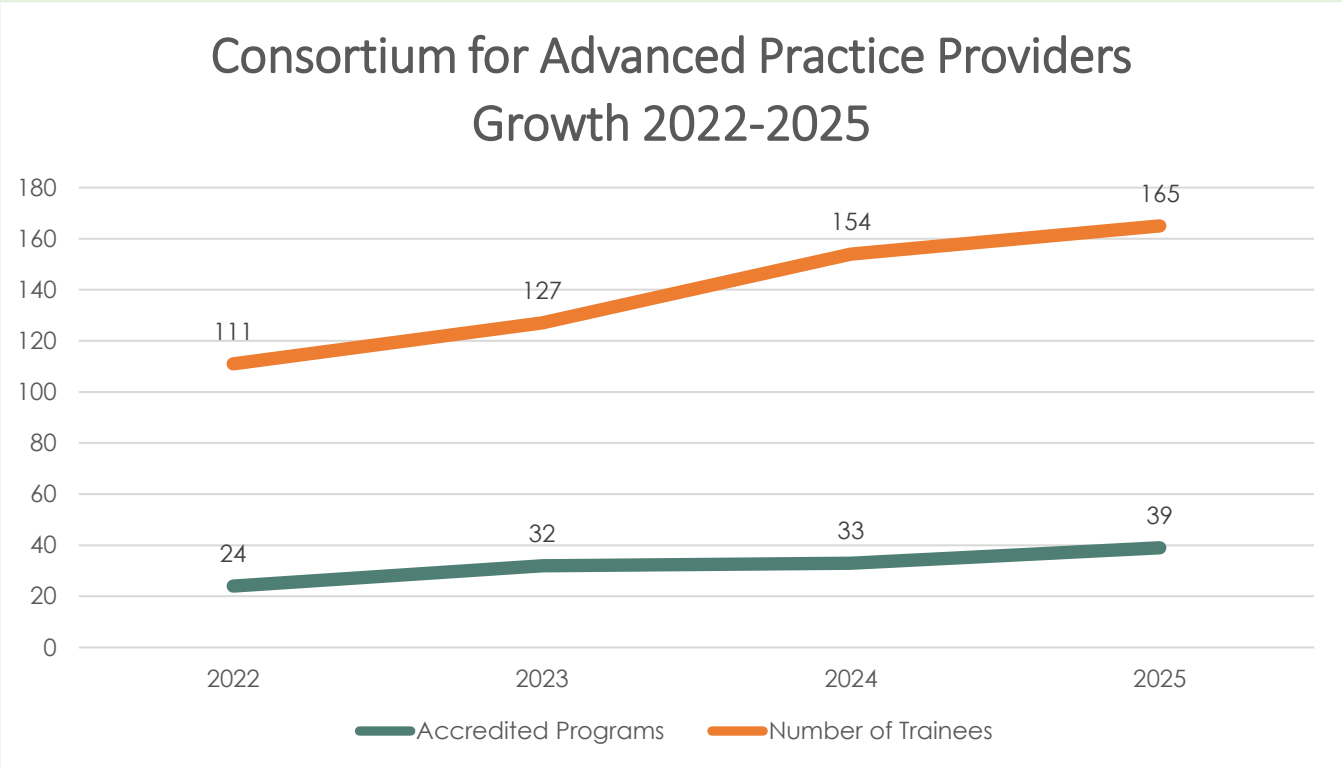
Consortium for Advanced Practice Providers Outcomes



2025 Outcomes

- Average Completion Rate: 88%
- Average Job Placement Rate: 89%
- Current 2025-2026 Postgraduate Trainees: 192
- 2024-2025 Program Graduates: 165
- Total Alumni from Accredited Programs since 2016: 1,291

Source: https://www.apppostgradtraining.com/accreditation/benefits/

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The Consortium (CAPP) also accredits postgraduate NP, PA and joint NP/PA programs in health systems, academic health centers, and private networks, such as Oak Street Health.

Health system sponsored programs offer primary care, psychiatric/MH, acute care and specialty, specialty and sub-specialty care.

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Summary: Accredited Postgraduate Training Programs

American Nurses Credentialing Center (ANCC): 66 programs (*not federally recognized)

Commission on Collegiate Nursing Education (CCNE): 39 programs (*currently primarily in Veteran Affairs)

Accreditation Review Commission on Education for the Physician Assistant (ARC-PA): 17 programs (PA and joint NP/PA programs)

Consortium for Advanced Practice Providers: 47 programs (federally recognized, NP, joint NP/PA, and on pathway for PA only programs)

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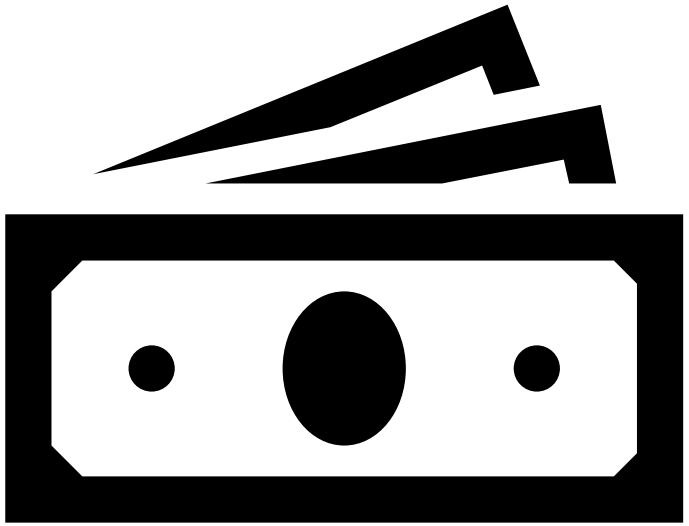
Funding



Today, the majority of postgraduate training programs are funded internally by their institutions/organizations, but HRSA and Veteran Affairs funding has been important to these systems.

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HRSA Advanced Nursing Education (ANE) – NP Residency Program (NPR)

Below is an overview of HRSA's **Advanced Nursing Education (ANE)** NP residency-related funding programs, specifically:

- **ANE–NPR:** Advanced Nursing Education – Nurse Practitioner Residency
- **ANE–NPRIP:** Advanced Nursing Education Nurse Practitioner Residency Integration Program
- **ANE–NPRF:** Advanced Nursing Education – Nurse Practitioner Residency and Fellowship

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HRSA ANE-NPR
What the grant aimed to do (synopsis)

- The ANE–NPR program was designed to prepare new primary care NPs for practice in community-based settings through 12-month clinical + academic residency programs, with a preference for projects benefitting rural or underserved populations (Bureau of Health Workforce).
- Nurse Practitioner certified as family, pediatric, adult/gerontology, women's health, and psychiatric/mental health nurse practitioners were eligible to apply.
- 36 programs were funded initially, and an additional 8 programs have been funded over the course of the program — the majority are in community health centers.

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New Policies May Underline Pipeline of Trainees

- New Policies And Changes In Existing Policies That Impact Postgraduate Training:
  - *I. Administration attempts to "de-professionalize" Fully Licensed Postgraduate Nurses and Physician Assistants (PA)s.*
- On April 30, 2026, the U.S. Department of Education finalized a rule that, unless blocked by the courts, will lower the amount of federal student loans that graduate nursing students and PAs can borrow to finance their degrees.
- The change explicitly omits post-baccalaureate nursing and PA degrees from the department's "professional degree" classification, though the majority of these post-graduate nurses and PAs will obtain professional degrees which will place them at the "top" of their professions.
- Starting July 1, federal loan limits for graduate nurses and PAs will drop to 20,500/year with a $100,000 lifetime cap, forcing many to either change careers or rely on more expensive, and private loans.

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Impact on Nursing & Current Legal Status

- DOE's final rule limited the definition of "**professional degree**" to a small group of traditionally licensed professions, excluding many graduate health professions, including nursing, physician assistant, occupational therapy, physical therapy, and others.
- Excluded programs would be subject to the **lower graduate student loan limits**, increasing financial barriers for students.
- In June 2026, a federal court temporarily stayed portions of DOE's definition after finding the rule was likely inconsistent with federal law.
- The litigation is ongoing, and DOE has issued temporary guidance while determining which programs qualify as professional degrees during the court-ordered stay.

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And NPs and PAs Successfully Pushed Back:

- Starting July 1, federal loan limits for graduate nurses and PAs were to drop to $20,500 /per year with a $100,000 lifetime cap.
- On June 24, 2026, Judge Beryl Howell of the U.S. District Court for the District of Columbia granted a stay request in a consolidated care brought by six associations led by AANP and including the PA Education Association and the American Academy of Physician Association. Her ruling stayed in part implementation of DOE's new regulatory definition of "professional degree". She granted the stay finding 1) Plaintiffs' argument that the new DOE Rule's definition of "professional degree " is "contrary to law, is likely to succeed 2) implementation of the Rule will cause plaintiffs irreparable harm and 3) the balance of equities and the public interest weigh in favor of granting them relief. (Powers Law consultants to MWHS).
- Huge appreciation to all who wrote letters – tens of thousand of letters and comments were submitted –and to the NP and PA associations that brought the action.

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[Link to report]

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Investing in Primary Care

The Missing Strategy in America's Fight Against Chronic Disease

"**Larger and more sustained federal investments in community-based training programs**, such as the Teaching Health Center Program, will help build a primary care workforce that serves all communities. In addition, every institution receiving Medicare GME funding should be held accountable for its role in developing the primary care workforce, **using metrics that track where graduates practice after training.**"

Source: Jabbarpour et al. (2026), Page 20

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"Additionally, NPs and PAs are increasingly critical to primary care delivery, particularly in health centers and safety-net settings. Yet, federal support for their postgraduate training remains extremely limited. Outside of Veterans Affairs programs, the only federal funding is the Advanced Nursing Education-Nurse Practitioner Residency program. This program receives just a fraction of overall GME funding ($30 million in 2023, or 0.1% of 2021 GME funding) and is at risk of elimination during ongoing federal budget negotiations. Policymakers should consider **extending and strengthening Medicare and Medicaid GME investments to include NP and PA postgraduate training programs** with a priority on community-based settings."

Source: Jabbarpour et al. (2026), Page 20

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The NP/PA will see you now

(1) What is the current and future role of NPs and PAs in delivering high-quality primary care, and how is this influenced by policies governing who can treat patients and under what circumstances?

(2) What reimbursement and data collection issues must be resolved to realize this role?

(3) How can additional investments in postgraduate training for NPs and PAs committed to primary care benefit patients and support new clinicians?

As we answer these questions, we highlight regulatory, payment, policy, and training barriers and opportunities to create a future where the answer is "Yes, your primary care provider can see you now."

Source: McCann & Flinter (2025)

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We are in a new phase of evolution:

The original premise: that postgraduate residency (fellowship) training for new NPs would yield the confidence, competence, mastery and self of well-being associated with a successful transition has been demonstrated in research and practice for nearly two decades.

The need for APPs across all specialties and particularly in primary care has never been greater.

There are renewed calls for changes to GME to recognize this new reality.

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Challenges and Opportunities

- Continue to build the body of research concerning impact and outcomes of postgraduate training. There are now substantial numbers of publications spanning both PA and NP practice, in primary care and specialties, focused on structure, content and impact of postgraduate training.
- Advocate for funding under GME, Teaching Health Centers, or directly under Title VIII and Title VII to include PAs.
- In collaboration with our colleagues across disciplines, advocate for support for access to high quality health care for patients regardless of insurance or ability to pay.

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Keep an eye on..

Rural health transformation

AI

September vote by congress on FY 2027 budget

AMA study to look at quality of NP and PA practice

Emerging research

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Questions?

Margaret Flinter, PhD, APRN, FAAN, FAANP
Senior Vice President/Clinical Director
Community Health Center, Inc. and Moses Weitzman Health System
Founder and Senior Faculty, Weitzman Institute
FlinteM@chc1.com
860.985.5253

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