Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, Education

APRN Stakeholders Meeting
April 14, 2008

Reasons for a Future APRN Model

- Lack of common definitions related to APRN roles
  - Regulation
  - Role
  - Specialty
  - Sub-Specialty
  - Broad-based education
  - Population foci
  - Core examination

Reasons for a Future APRN Model

- Lack of standardization in programs leading to APRN preparation
  - Initial accreditation/approval necessary
  - Blended programs with variable clinical hours
  - Inconsistent Master's Essentials compliance
  - Programs graduating students that cannot be licensed
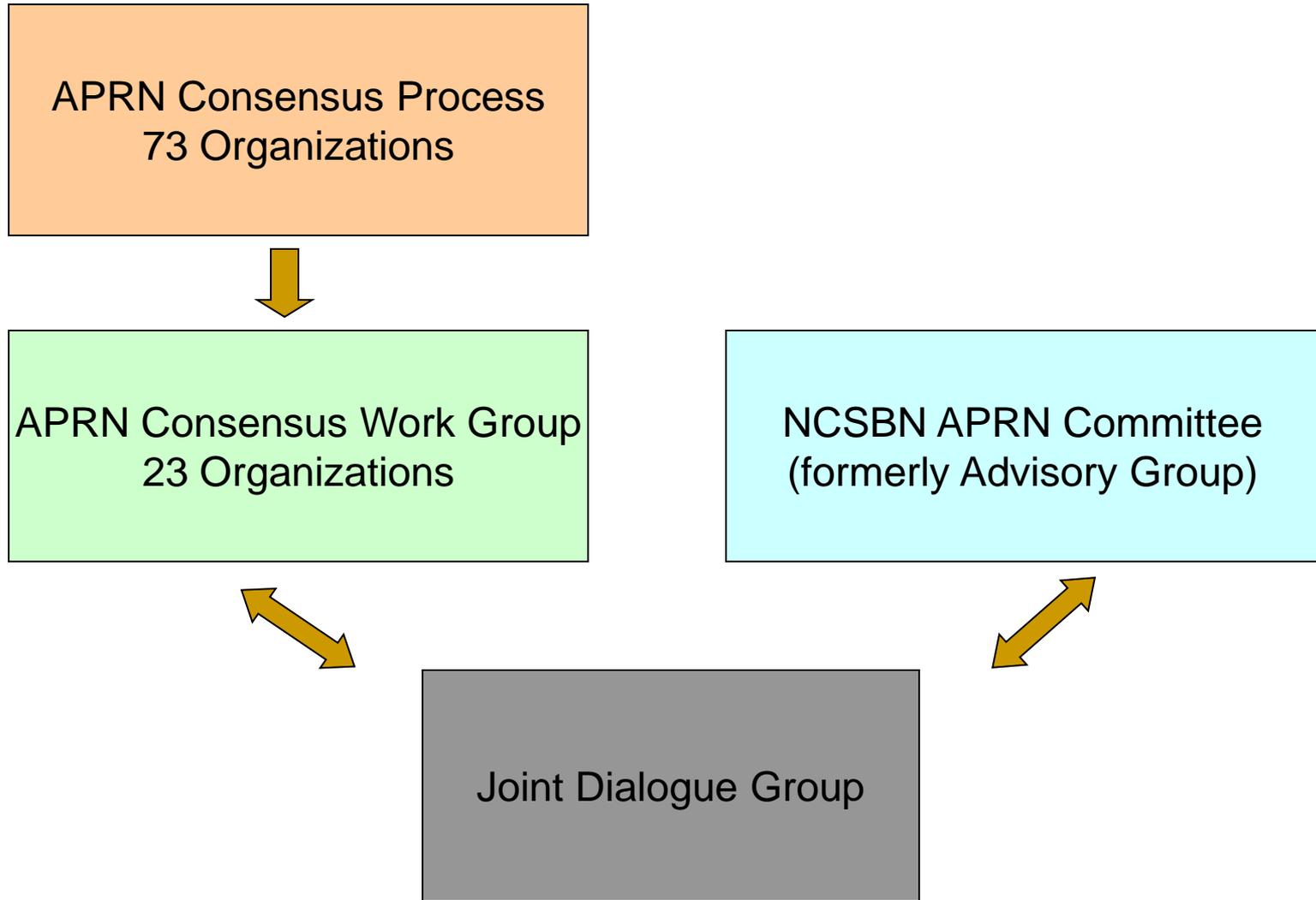
Reasons for a Future APRN Model

- Proliferation of specialties and subspecialties
    - Examples: Palliative Care NP, Cardiovascular CNS and Homeland Security NP

- Lack of common legal recognition across jurisdictions
    - Less than 30 states recognize or title protect CNS
    - Not all states license/authorize CRNA same as NP
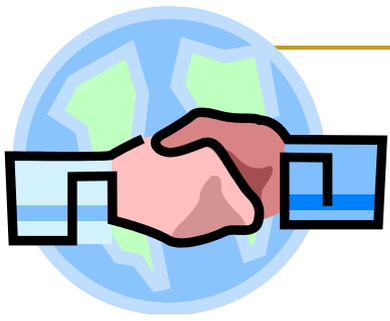
Basic Assumptions

- Recommendations must address current issues facing the APRN community

- The ultimate goal of accreditation, education, licensure and certification is to promote patient safety and public protection.

- Goal must be forward looking and do no harm

APRN Working Groups

APRN Consensus Process
73 Organizations

APRN Consensus Work Group
23 Organizations

NCSBN APRN Committee
(formerly Advisory Group)

Joint Dialogue Group

Organizations represented at Joint Dialogue Group

- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing
- American Association of Nurse Anesthetists
- American College of Nurse-Midwives
- American Nurses Association
- American Organization of Nurse Executives
- Compact Administrators
- National Association of Clinical Nurse Specialists
- National League for Nursing Accrediting Commission
- National Organization of Nurse Practitioner Faculties
- National Council of State Boards of Nursing
- NCSBN APRN Advisory Committee (5 representatives)

Definition Elements for Advanced Practice Registered Nurse

- APRN is title for roles of CNM, CRNA, CNS and NP

- Completed graduate education

- Acquired advanced clinical knowledge and skills

- Build on RN practice

- Prepared to assume responsibility and accountability for use and prescription of pharmacologic and non pharmacologic interventions

APRN Direct Care Component

- Advanced clinical knowledge and skills to provide direct care to patients is a defining component of practice

- **All** APRNs have a significant

  component of education
  and practice focusing on
  direct care of individuals.

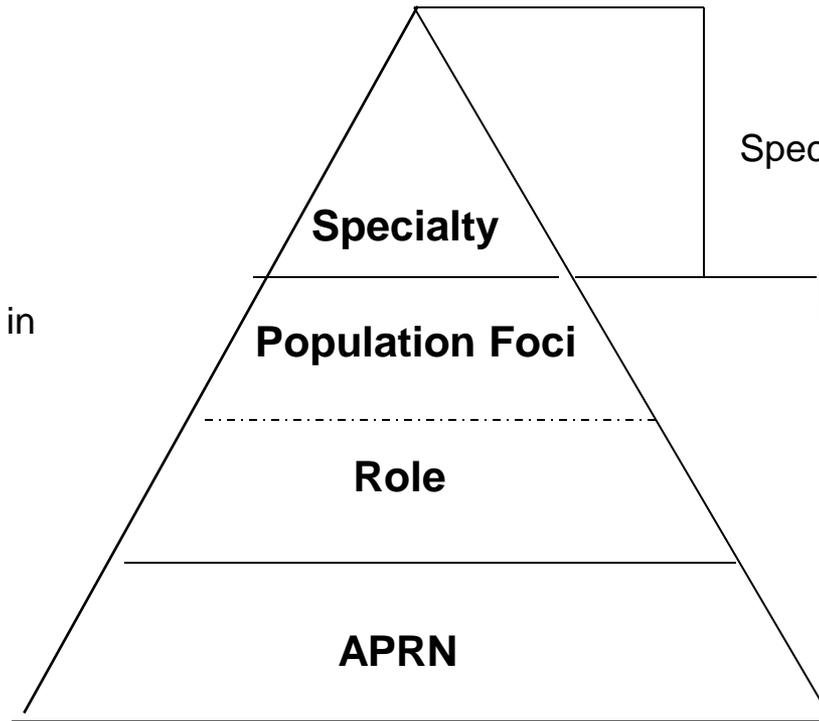# Relationship between Educational Competencies, Licensure and Certification

Competencies

Measures of competencies

Identified by Professional
Organizations
(e.g. oncology, palliative
care, CV)

Specialty Certification*

Specialty

CNP, CRNA, CNM, CNS in
Population context

Population Foci

Licensure: based
on Education
And certification**

Role

APRN Core Courses:
Patho/phys,
Pharmacology,
physical/health assess

APRN

APRN Regulatory Model

APRN Specialties
Focus of Practice beyond role and population focus
Linked to health care needs
Examples include but are not limited to: Oncology, Older Adults,
Orthopedics, Nephrology, Palliative care
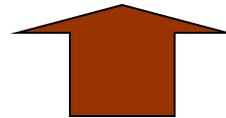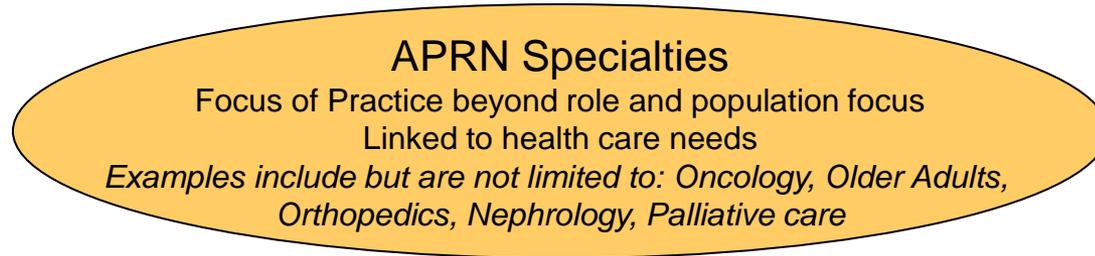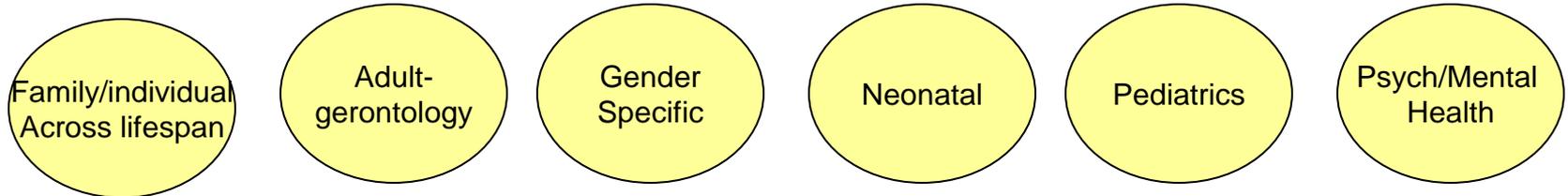
POPULATION FOCI

Licensure at levels of role and population foci

Family/individual Across lifespan

Adult-gerontology

Gender Specific

Neonatal

Pediatrics

Psych/Mental Health

APRN ROLES

Nurse Anesthetist

Nurse midwife

Clinical Nurse Specialist

Nurse Practitioner
Primary care Acute care

New Role

Overlapping NP Circles

- Scope of practice of the primary care or acute care CNP is not setting specific but is based on patient care needs.

- At the role level, nurse practitioners will be prepared in either acute or primary care. Overlap in the two roles does exist and primary care CNPs provide acute care and acute care CNPs provide some primary care.

- Current work includes identifying the competencies related to the overlap area

Broad-based APRN Education

- Graduate or post graduate certificate awarded by accredited academic institution
- Have pre-approval, pre-accreditation or accreditation
- Prepares graduate in one of four roles
- Prepares graduate in **at least one** of the population foci
- Includes at least three separate comprehensive courses—3 Ps
- Provides basic understanding of decision-making principles

APRN Specialty

- More focused area of practice than role and population foci
- In addition to role and population focus preparation—cannot replace preparation for role and population foci
- Definition built on ANA (2004) Criteria for Recognition as a Nursing Specialty
- Cannot expand scope of practice beyond the role or population focus
- Addresses a subset of the population focus
- Title may not be used in lieu of licensing title
- Is developed, recognized and monitored by the profession

Requirements of LACE

- Each "leg" of regulation has an unique responsibility

- Responsibilities are interlinked—no one aspect fulfills the mission of protecting the public

- Relationships among the regulatory "legs" continue to evolve

- Communication is the critical component

Requirements for Boards of Nursing

- License in one of four roles with a population focus

- Be solely responsible for licensing (exception for states where boards of midwifery regulate nurse-midwives and midwives)

- Only license graduates of accredited programs

- Not issue a temporary license

- Only license an APRN when education and certification are congruent

Requirements for Boards of Nursing (Continued)

- License APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision
- Allow for mutual recognition through compact
- Have at least one APRN representative on Board and have an advisory committee including all four roles
- Institute a grandfathering clause

Requirements for Accreditors

- Evaluate APRN graduate degree and post-graduate certification programs

- Assess APRN programs in light of the core, role and population competencies

- Review developing programs for pre-approval, pre-accreditation, or accreditation prior to student enrollment using established accreditation standards

- Include an APRN on site visiting team

- Monitor APRN programs throughout accreditation period

Requirements for Certification Agencies

- Follow established certification testing process for psychometrically sound, and legally defensible standards
- Assess APRN core and role competencies across at least one population focus
- Assess specialty competencies if appropriate separately from the APRN core, role and population focus
- Be accredited by a national certification accreditation body
- Enforce congruence between educational program and type of certification
- Provide a mechanism to ensure ongoing competency
- Participate in mutually agreeable mechanism to ensure communication and transparency with BON and schools

Requirements for Education

- Follow established educational standards and ensure attainment of core, role and population competencies

- Be accredited

- Be pre-approved, pre-accredited, or accredited prior to acceptance of students

- Ensure graduates are eligible for national certification and state licensure

- Ensure transcript specifies role and population focus of graduate

Establish Ongoing Communication: Lace Structure and Processes

- Entities of LACE include
  - Licensing bodies
  - Accreditors
  - Certifiers that offer APRN certification for regulatory purposes
  - Educational organizations that set standards for APRN education
- Total participants allow effective discussion
- Not duplicative of existing structures
- Will obtain consultation on structure

Work to be Completed as Part of Model Regulation

- Titling of individual APRNs
- Defining a structure for ongoing communication of LACE
  - What is the mission, vision and goals of LACE?
  - What are the structure and processes needed to enable the key representatives of the 4 LACE entities to effectively work on the challenges related to interlinking responsibilities?
  - How do we improve communication between the LACE entities?
- Establish timeline for implementation
- Grandfathering
- Approval and endorsement

Work to be Completed with Endorsement of Model Regulation

- Licensing
    - Adopt regulatory model
- Accreditors
    - Preapproval processes
    - Review of post Master's Programs
    - Integrate role standards
- Certifiers
    - Assess extent of testing of 3 Ps for all roles
    - Assess testing of role competencies, including consensus-based CNS competencies, within each population.
    - Integrate adult-older competencies into one assessment mechanism
    - Review psych/mental health
- Educators
    - Ensure 3 P's
    - Ensure APRN, Role and population focused competencies attained
    - Integrate adult and older adult—SIGNIFICANT attention to older
    - Review psych/mental health curriculum