

Consensus Model for APRN Regulation:

Licensure, Accreditation, Certification, Education

CAMPAIGN FOR
APRN
CONSENSUS
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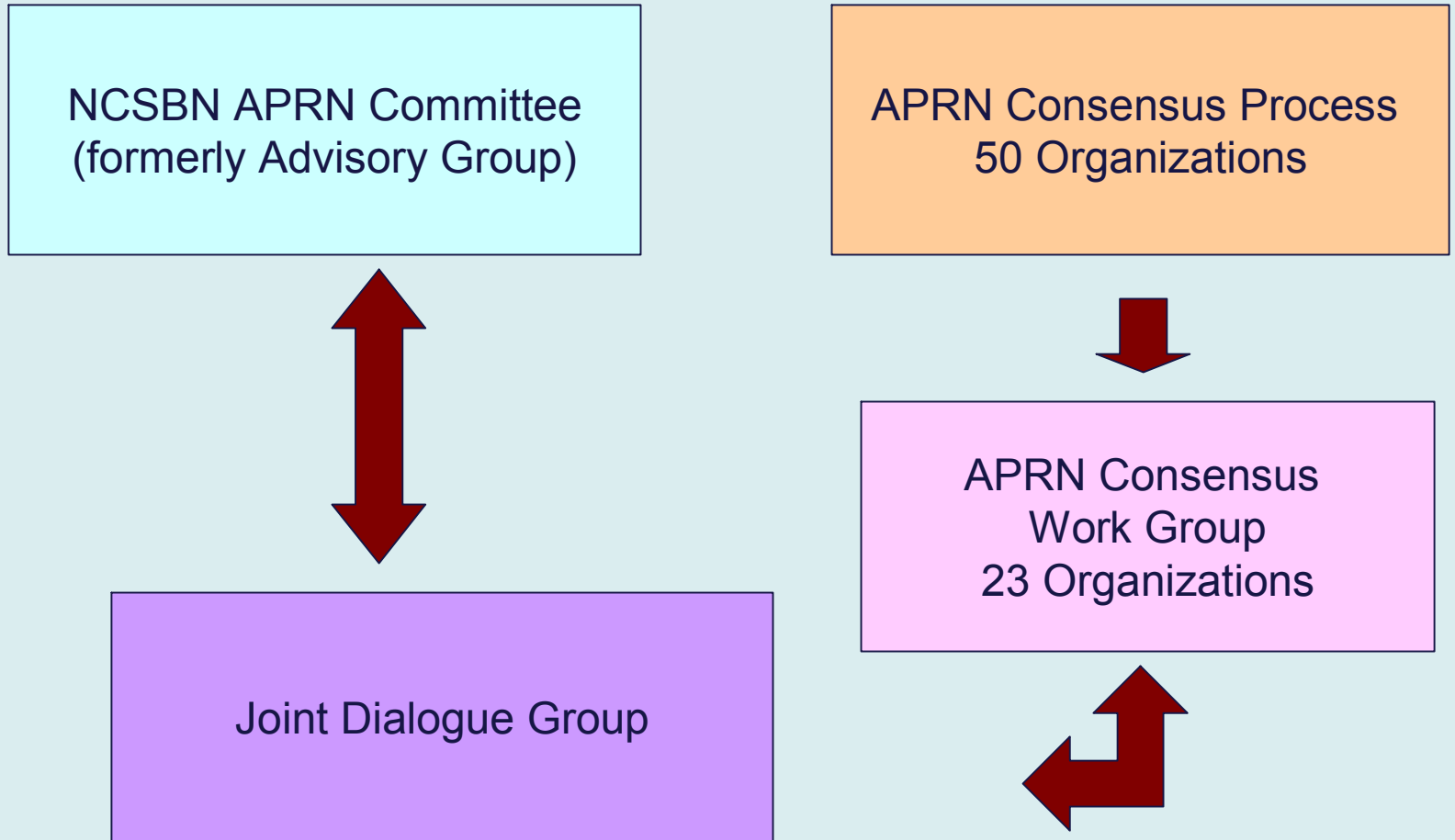
Reasons for an APRN Model

- Lack of common definitions related to APRN roles
- Lack of standardization in programs leading to APRN preparation
- Proliferation of specialties and subspecialties
- Lack of common legal recognition across jurisdictions

Benefits of APRN Consensus Model

- Facilitates mobility of APRNs
- Ensures public safety
- Increases access to health care
- Advocates appropriate scope of practice

APRN Working Groups



Academy of Medical-Surgical Nurses (AMSN)
Accreditation Commission for Midwifery Education (ACME)
American Academy of Nurse Practitioners (AANP)
American Academy of Nurse Practitioners Certification
Program
American Association of Colleges of Nursing (AACN)
American Association of Critical-Care Nurses (AACN)
American Association of Critical-Care Nurses Certification
Corporation
American Association of Legal Nurse Consultants (AALNC)
American Association of Nurse Anesthetists (AANA)
American Board of Nursing Specialties (ABNS)
American College of Nurse-Midwives (ACNM)
American College of Nurse Practitioners (ACNP)
American Holistic Nurses Association (AHNA)
American Midwifery Certification Board (AMCB)
American Nurses Association (ANA)
American Nurses Credentialing Center (ANCC)
American Psychiatric Nurses Association (APNA)
Arkansas State Board of Nursing
Association of Faculties of Pediatric Nurse Practitioners
(AFPNP)
Commission on Collegiate Nursing Education (CCNE)
Council on Accreditation of Nurse Anesthesia Educational
Programs (COA)
Dermatology Nurses Association (DNA)
Dermatology Nursing Certification Board (DNCB)
Emergency Nurses Association (ENA)

Gerontological Advanced Practice Nurses Association (GAPNA)
Hospice and Palliative Nurses Association (HPNA)
The International Society of Psychiatric Nurses (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Orthopedic Nurses (NAON)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Board for Certification of Hospice and Palliative Nurses
(NBCHPN)
National Board on Certification & Recertification of Nurse Anesthetists
(NBCRNA)
National Certification Corporation (NCC)
National Council of State Boards of Nursing (NCSBN)
National Gerontological Nursing Association (NGNA)
National League for Nursing (NLN)
National League for Nursing Accrediting Commission, Inc. (NLNAC)
National Organization of Nurse Practitioner Faculties (NONPF)
Nurse Practitioners in Women's Health (NPWH)
Nurses Organization of Veterans Affairs (NOVA)
Oncology Nursing Certification Corporation (ONCC)
Oncology Nursing Society (ONS)
Orthopedic Nurses Certification Board (ONCB)
Pediatric Nursing Certification Board (PNCB)
Wound, Ostomy and Continence Nurses Society (WOCN)
Wound, Ostomy and Continence Nursing Certification Board
(WOCNCB)

Assumption for the Joint Dialogue Group

- Recommendations must address current issues facing the APRN community but should be future oriented.
- The ultimate goal of licensure, accreditation, certification and education is to promote patient safety and public protection
- The recognition that this document was developed with the participation of the APRN certifiers, accreditors, public regulators, educators, and employers. The intention is that the document will allow for informed decisions made by each of these entities as they address APRN issues.

Definition of Advanced Practice Registered Nurse

The definition includes language that addresses responsibility and accountability for health promotion and the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions.

Definition of Advanced Practice Registered Nurse cont...

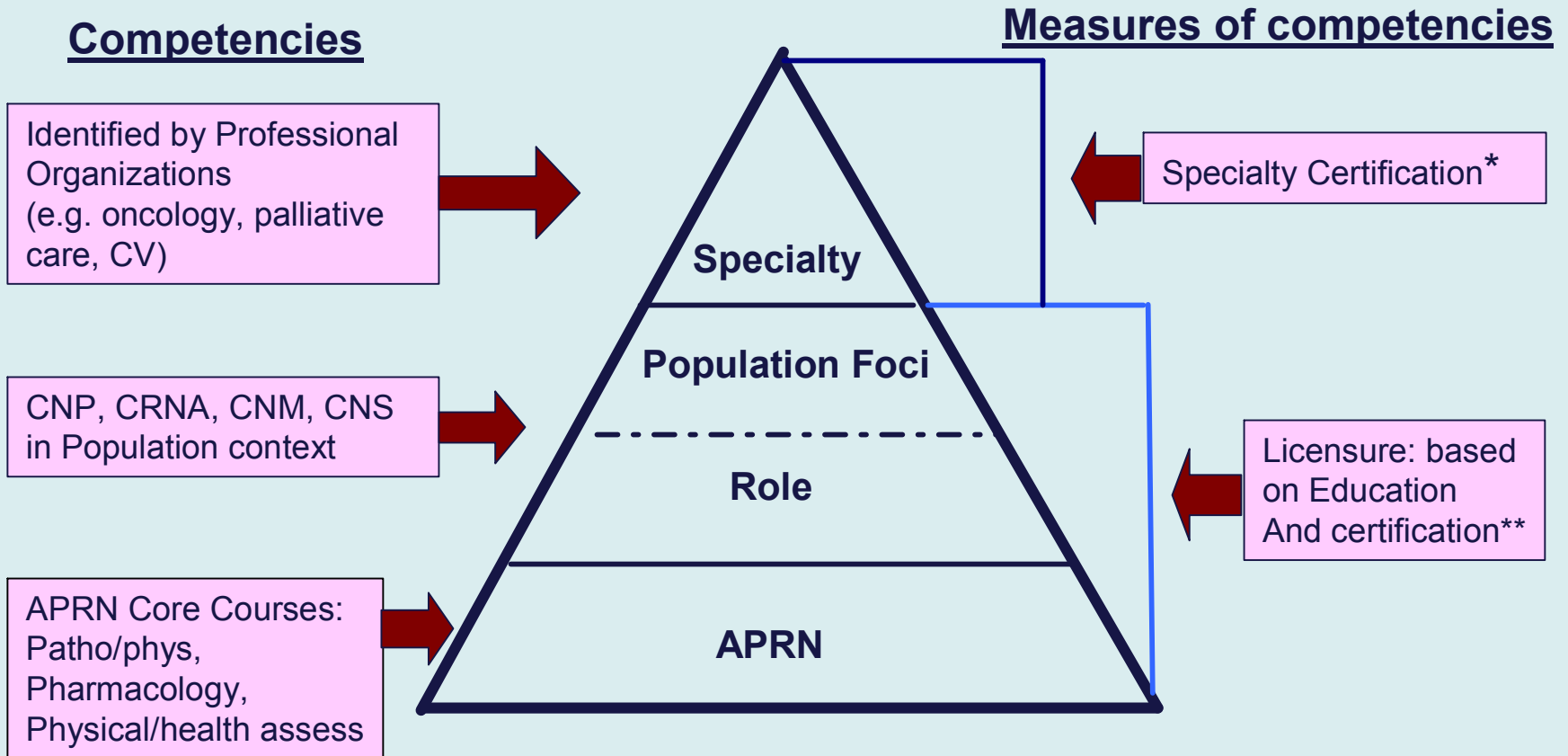
An APRN is an individual who has:

- Completed an accredited graduate-level educational program
- Passed a national certification examination that matches the educational preparation
- Acquired advanced clinical skills and knowledge
- Practice built upon the competencies of a RN
- Clinical experience of sufficient depth and breadth to reflect the intended license
- Obtained a license to practice as an APRN in one of the four roles

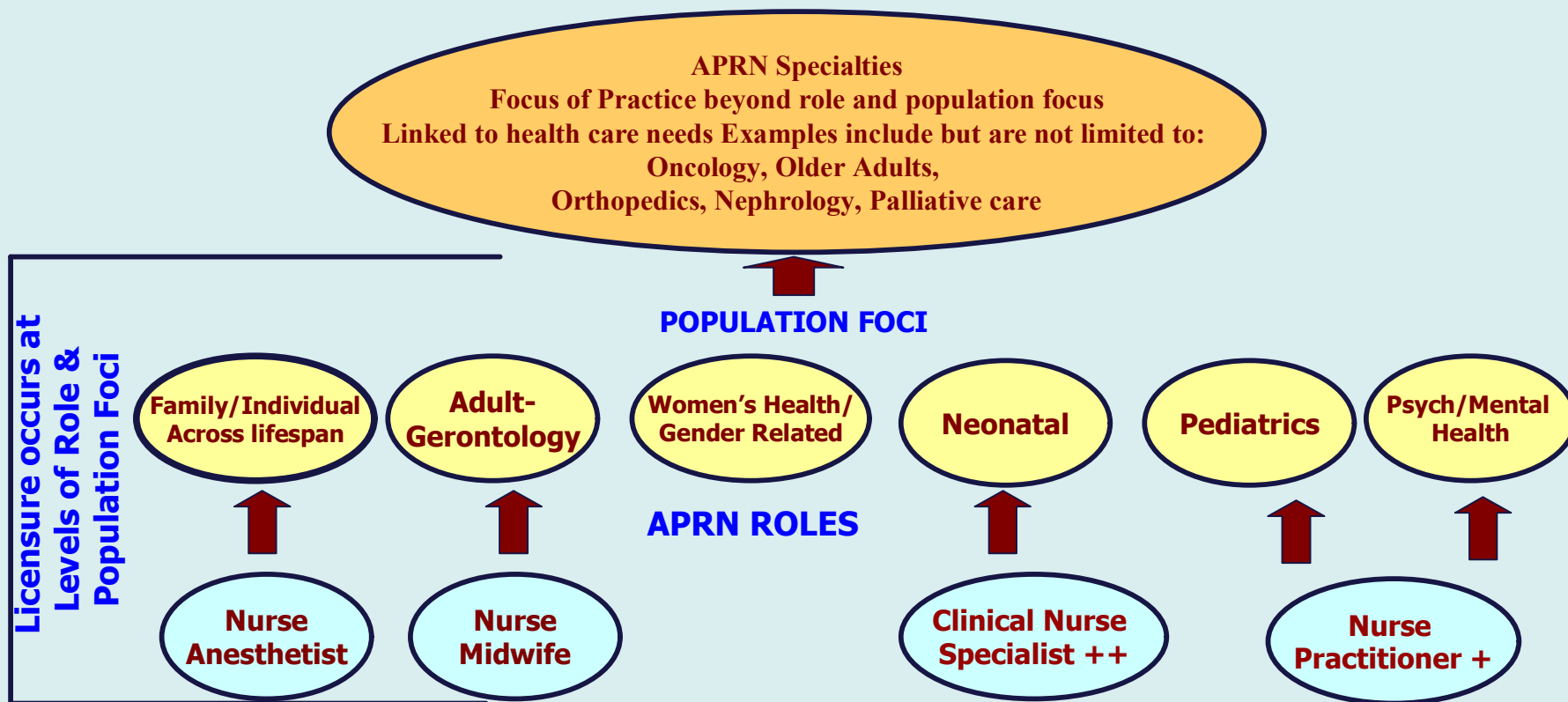
APRN Direct Care Component

- 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



APRN Regulatory Model



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNP's in these roles.

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Diagram 1: APRN Regulatory Model

Under this APRN Regulatory Model, there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRN's are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health. Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they cannot be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci.

APRN Regulatory Model cont...

*The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

**The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.

++The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

APRN Titling

- The title of **Advanced Practice Registered Nurse (APRN)** is the licensing title to be used for the subset of nurses prepared with advanced, graduate-level nursing knowledge to provide direct patient care in one of the four roles.
- Licensure is based on graduate education in one of the four roles and population foci.
- Verification of licensure will indicate the role and population focus for which the APRN has been licensed.
- The nurse must legally represent themselves, including in a legal signature, as an APRN and by role (e.g. APRN-CNP)
- The title of APRN and role titles are legally protected titles and may not be used by any individual who does not hold the proper credentials.

Broad-Based APRN Education

For entry into APRN practice and for regulatory purposes the APRN education must:

- Be a formal accredited graduate or post-graduate certificate program in an academic institution. The program must be comprehensive and on the graduate level
- Be awarded pre-approval, pre-accreditation or accreditation status prior to admitting students
- Prepare graduates in one of four roles and in at least one of the population foci



Broad-Based APRN Education (cont.)

For entry into APRN practice and for regulatory purposes the APRN education must:

- Include at least three separate comprehensive graduate level courses in the APRN core
 - Advanced Physiology/Pathophysiology
 - Advanced Health Assessment
 - Advanced Pharmacology
- Provide basic understanding of decision-making principles
- Ensure clinical and didactic coursework is comprehensive to prepare the graduate to practice in the APRN role and population foci



APRN Specialty

- More focused area of practice than role and population foci
- Specialty preparation cannot replace educational preparation in the role or one of the six population foci
- Specialty preparation cannot expand one's scope of practice beyond the role and population focus
- Addresses a subset of the population-focus
 - Definition built on ANA (2004) Criteria for Recognition as a Nursing Specialty
- The title may not be used in lieu of the licensing title, which includes the role and population
- Is developed, recognized and monitored by the profession



APRN Regulatory Model

APRN regulation includes:

- **L**icensure
 - The granting of authority to practice
- **A**ccreditation
 - Formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing related programs
- **C**ertification
 - The formal recognition of knowledge, skills and experience demonstrated by the achievement of standards identified by the profession
- **E**ducation
 - The formal preparation of APRNs in graduate or post-graduate programs



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Bottom line....

- ANPs and PNP's will be delineated as Acute-care and Primary-Care Adult or Pediatric Nurse Practitioners; Adult NPs will now encompass Adult/Gero competencies, FNP's will encompass across the lifespan care
- Certifications are not setting specific; primary care can occur in acute-care settings
- Potentially problematic – FNP's and ANP's currently working in acute care settings
- The APRN role for Psych/Mental Health will be the Nurse Practitioner, and will encompass across the lifespan care (as a title, the Family Psych NP will no longer exist)
- Point of Consensus Model is not to affect current workforce – keep certification current! If you move out of state, may face difficulties