Update on the APRN Consensus Paper on Regulation
Charlene Hanson, Consultant to the APRN Committee
Adapted from the presentation by Jean Johnson at the APRN Stakeholder meeting in Washington DC, April 14, 2008

Reasons for a Future 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

Recent meetings

APRN Stakeholder Meeting, Washington DC, April 14, 2008

APRN Joint Dialogue calls:
- April 28, 2008
- May 5, 2008

APRN Working Groups

- APRN Consensus Process
  - 73 Organizations
- APRN Consensus Work Group
  - 23 Organizations
- NCSBN APRN Committee (formerly Advisory Group)
- Joint Dialogue Group
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

- All APRNs have a significant component of education and practice focusing on direct care of individuals.
- Advanced clinical knowledge and skills to provide direct care to patients, as well as a component of indirect care

Relationship between Educational Competencies, Licensure and Certification

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Measures of competencies</th>
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<tr>
<td>Specialty</td>
<td>Specialty Certification*</td>
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<tr>
<td>Population Foci</td>
<td>Licensure: based on Education And certification**</td>
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<tr>
<td>Role</td>
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APRN Regulatory Model

- APRN Specialties
  - Focus of Practice (termed role and population focus) is linked to health care needs
  - Examples include but are not limited to: Oncology, Geriatrics, Neurology, Pediatrics, critical care, psychiatric/mental health

- Population Foci
  - Examples include: Adult, Gender Specific, Neonatal, Pediatric, Psych/Mental Health

- APRN Roles
  - Nurse Anesthetist
  - Nurse Midwife
  - Clinical Nurse Specialist
  - Nurse Practitioner
  - New Role

- APRN Core Courses
  - Pathophysiology, Pharmacology, Physical Health Assessment

- Identifying Educational Competency by Professional Organizations (e.g., oncology, palliative care, CV)

- Licensure and certification linked to Education and specialty certification
**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 focus
- 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

**Boards of Nursing - Requirements for Licensure**

- License/privilege to practice in one of four roles with a population focus
- Are solely responsible for licensure (exception for states where boards of midwifery regulate nurse-midwives and midwives)
- Only license graduates of accredited programs
- Do not issue a temporary license
- Only license an APRN when education and certification are congruent

**Boards of Nursing - Requirements for Licensure (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 the Board of Nursing and have an APRN 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 foci 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
- Accreditation 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
- Accreditation
- 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
- Will obtain consultation on structure
- Will support fair decision making
- Will not duplicate existing structures
Current Issues Under Discussion

- Population foci titles in the model (women/gender-related, deleting across the life span)
- Content of NP population foci oval
- Organization approval and endorsement of paper
- 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

Next Steps

- APRN Joint Conference call to discuss outstanding issues.
- Dissemination of the paper to organizations for endorsement.
- Meeting scheduled for July 24-25, 2008 in Washington DC to work with a consultant, Michael Bleich.