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**Update on the APRN Consensus Paper on Regulation**  
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Adapted from the presentation by Jean Johnson at the APRN Stakeholder meeting in Washington DC, April 14, 2008

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**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

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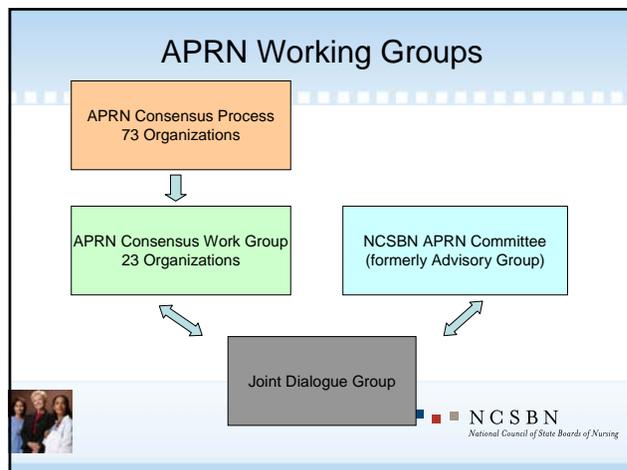
**Recent meetings**

APRN Stakeholder Meeting, Washington DC, April 14, 2008

APRN Joint Dialogue calls:

- April 28, 2008
- May 5, 2008

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### 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

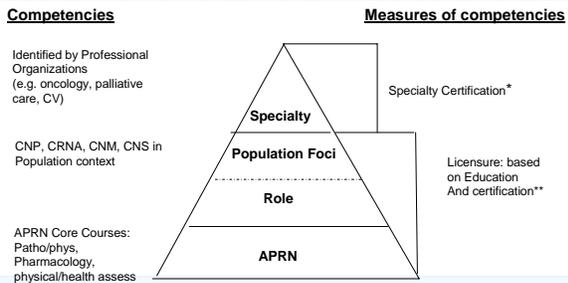


### APRN Direct Care Component

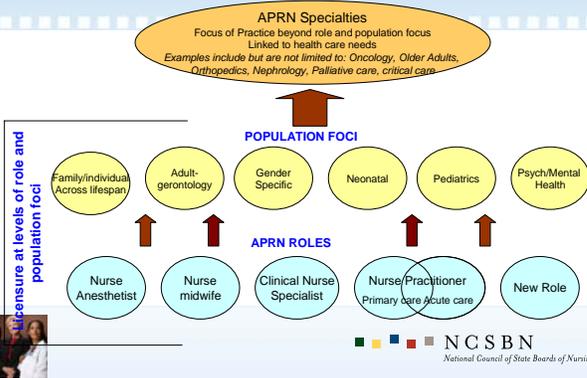
- All APRNs have a significant component of education and practice focusing on direct care of individuals.
- Advanced clinical knowledge and skills to provide direct care to patients, as well as a component of indirect care



### Relationship between Educational Competencies, Licensure and Certification



### APRN Regulatory Model



## 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**



## 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.**

