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

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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
Benefits of APRN Consensus Model

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

- **Competencies**
  - Identified by Professional Organizations (e.g. oncology, palliative care, CV)
  - CNP, CRNA, CNM, CNS in Population context
  - APRN Core Courses: Patho/phys, Pharmacology, Physical/health assess

- **Measures of competencies**
  - Specialty Certification*
  - Licensure: based on Education And certification**

- **Structure**
  - Specialty
  - Population Foci
  - Role
  - APRN
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.
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 Regulatory Model cont…
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:

- **Licensure**
  - The granting of authority to practice

- **Accreditation**
  - Formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing related programs

- **Certification**
  - The formal recognition of knowledge, skills and experience demonstrated by the achievement of standards identified by the profession

- **Education**
  - The formal preparation of APRNs in graduate or post-graduate programs
Foundational Requirements for Licensure

The Boards of Nursing (Licensure) will:

– License APRNs 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 graduate programs
– Require successful completion of a national certification examination that assesses APRN core, role and population competencies
– Only license an APRN when education and certification are congruent
– Not issue a temporary license
The Boards of Nursing will:

- License APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision
- Have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles
- Institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements
- Have the option for mutual recognition of advanced practice nursing through the APRN Compact
Foundational Requirements for Accreditation of Education Programs

Accreditors will:

– Evaluate APRN graduate degree and post-graduate certification programs

– Through their established accreditation standards and process, assess APRN education programs in light of the APRN core, role core and population core competencies

– Assess developing APRN education programs and tracks by reviewing them using established accreditation standards and granting pre-approval, pre-accreditation or accreditation prior to student enrollment

– Include an APRN in the visiting team when reviewing an APRN program

– Monitor the APRN education programs throughout the accreditation period
Certification programs providing APRN certification used for licensure will:

- Follow established certification testing and psychometrically sound, legally defensible standards for APRN examinations for licensure
- Assess the APRN core and role competencies across at least one population focus of practice
- Assess specialty competencies separately from the APRN core, role and population focused competencies.
- Be accredited by a national certification accreditation body
Certification programs providing APRN certification used for licensure will:

- Enforce congruence between the education program and the type of certification examination
- Provide a mechanism to ensure ongoing competence and maintenance of certification
- Participate in an ongoing relationship which makes their processes transparent to boards of nursing (BON)
- Participate in a mutually agreeable mechanism to ensure communication with the BON
Foundational Requirements for Education

APRN educational programs/tracks leading to eligibility for an APRN license will:

- Follow established educational standards and ensure attainment of the APRN core, role core and population core competencies
- Be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation
- Be pre-approved, pre-accredited, or accredited prior to the acceptance of students, including all developing APRN education programs and tracks
- Ensure that graduates of the program are eligible for national certification and state licensure
- Ensure that official documentation (e.g. transcripts) specifies the role and population focus of the graduate
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- **Education**
  - The formal preparation of APRNs in graduate or post-graduate programs
Work to be Completed with Endorsement of Model Regulation

Licensing
- Adopt regulatory model – completed in August 2008
- Adopt licensure language – completed in August 2008
- Implementation by state boards of nursing

Accreditors
- Pre-approval process
- 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 adult competencies into one assessment mechanism
- Review psych/mental health curriculum
Work to be Completed with Endorsement of Model Regulation cont...

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
Current Activities

• Endorsement
• LACE
• CNS National Competencies
• National Work Groups
• Boards of Nursing
• State Work Groups
Continuing Issues

- Acute vs. Primary Care
- Psych/Mental Health Combined Certification
- APRN Titling
- Graduate Nursing Education
- Can the 3 P’s be in the specialty area?