Implementation of the APRN Consensus Model: National Update

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Joan Stanley, PhD, CRNP, FAAN
Senior Director of Education Policy
American Association of Colleges of Nursing
Goals:

- Provide an overview of the purpose, development and structure of LACE electronic network
- Identify major activities undertaken by education, certification and accreditation organizations to implement Consensus Model
- Discuss some of the issues/questions that have arisen
Implementation of APRN Consensus Model

- Since the completion of the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (July 2008)
- 47 national nursing organizations have endorsed the *Model* including all major APRN organizations;
- APRN Work Group & Joint Dialogue groups (LACE organizations) have continued to meet approx. every 4-6 months to:
  - keep communication open,
  - Identify issues and questions that have arisen
  - Discuss activities undertaken by one entity that impact others
  - Develop a strategic plan and process for development of LACE
LACE

- Electronic network to support and facilitate implementation of Consensus Model
  - LACE not a formal, separate organization
  - Based on social networking principles

Purpose:
- Ensure transparent and ongoing communication among LACE entities
- Provide a platform for the ongoing work
Development of LACE

- Work group selected
- RFP sent out
- Vendor (iCohere) selected after proposal review, interviews, virtual demonstrations
- Recommendations for selection, budget, administration of network approved by participating organizations.
- AACN asked and agreed to serve as contracting agent.
Development of LACE

- 13 month contract signed with vendor July 2010
- To date, 21 organizations have signed the MOU and paid one-year fee ($2K) to support LACE (3 additional in process)
- Each organization will have 3 “seats” in platform
- Administrators group (5) have almost completed five training sessions which includes designing the function, format or structure of network site.
LACE Administrators Group

- Licensure – MaryAnn Alexander, NCSBN
- Accreditation – Frank Gerbasi, COA
- Certification – Janet Wyatt, PNCB
- Education – Kelly Goudreau, NACNS
- Practice – Michelle Beauchesne, NAPNAP
- Contracting Agent – Joan Stanley, AACN
LACE Structure

- Public site
  - Posting updated information, documents

- Protected work site (3 seats/organizations
  - 8 Work groups: LACE components and four roles
  - Posting documents to be shared and worked on
  - Ongoing dialogue on posted questions
  - Scheduling virtual meetings
  - Calendar
Projected Timeline for Implementation of Model

- Implementation has begun by all LACE entities
- Projected Timeline: if the Target is 2015
  - APRN education programs should be transitioned by 2012
  - Accreditation processes should be in place by 2012-2013
  - Certification examinations should be transitioned by 2013
Overview of LACE Implementation Activities to Date

- Primary focus has been on dissemination of information
- Clarification of intent of Consensus Model
- Identifying implications for all stakeholders
- Addressing unintended consequences
- FAQs
  (http://www.aacn.nche.edu/Education/pdf/LACE_FAQ.pdf)
Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 2008)

Implications for:
APRN Education Programs

- Targeted timeline for education programs to transition is 2012
- Ensure attainment of graduate, APRN, role and population competencies
- Prepare grads for national certification/licensure
- All new APRN programs/tracks must be pre-approved prior to admitting students
- All post-graduate certificate APRN programs will need to be accredited
Building a Curriculum

Competencies

Professional Organizations (e.g. oncology, palliative care, nephrology)

NP, CRNA, CNM CNS
Core competencies in Population context

3 Ps (Advanced Pathophys, Pharmacology, Health Assessment)

Master’s or DNP Essentials

Professional Certification

Regulation

Graduate Core

APRN

Role

Population foci

Specialty

Building a Curriculum

APRN

Role

Population foci

Specialty
Implementation: Education

- Population Focus: Adult-Gerontology
  - With funding from JAHF, AACN has led national process in collaboration with NONPF and NACNS to develop national consensus-based competencies for:
    - Adult-Gerontology Primary Care NP
    - Adult-Gerontology CNS
    - Adult-Gerontology Acute Care NP (almost completed)
Implementation (cont.)

- *Model* states that all APRNs providing care to adult population, e.g. family or gender specific, must be prepared to meet growing needs of older adult population
  - To support this transition and enhancement of APRN curricula and certification
  - Recommended competencies/enhancements developed & disseminated for NP and CNSs who are not adult-gerontology but care for older adults.
Implementation: Incorporation of Wellness in All APRN Curricula

“All APRNs are educationally prepared to provide scope of services across health wellness-illness continuum… however emphasis and implementation within each role varies.”

- Requires review and enhancement of national core competencies for roles and population foci
- Evaluation of curricula
- Enhancement of certification examinations
Other Education Implementation Activities

- NP
  - NONPF Reviewed Core NP role competencies, plan to review population-focused competencies (except adult and gero) in 2011
  - NONPF & AACN 2011 re-convening National TF to review NTFC establish criteria for review of NP programs

- CNS
  - National consensus-based Core CNS Competencies finalized; posted on NACNS website
  - NACNS leading national process to establish criteria for CNS programs
Implications for: Accrediting Bodies

- Will pre-approve all new APRN programs
- Will accredit all post-graduate certificate programs.
- Will ensure that programs are designed to prepare graduates for national certification/licensure
- Will ensure that education programs include 3P’s, nationally recognized role and population competencies
Implementation: Accreditation

- Both NLNAC and CCNE have endorsed the Consensus Model and therefore will implement preapproval of new programs and accredit post-graduate certificate programs.
- CCNE has an APRN committee in place that will make recommendations re processes and standards to implement these two processes; target for implementation 2013.
- CCNE has required 3P’s and reviewed programs based on this since 2005.
Implications for Certification

- Assess APRN core, role, and population-focused competencies
- Enforce congruence (role and population) between education and certification
- Provide mechanism to ensure ongoing competence
- Participate in ongoing relationships to make processes transparent to boards of nursing
- Participate in mutually agreeable mechanisms to ensure communication with boards and schools of nursing.
Implementation: Certification

- Evaluating current exams (e.g. wellness, care of older adult)
- Job analyses being implemented or planned
- ANCC, PCNB, AACN CC goal is to have new exams in place by 2013, e.g. Adult-Gero Primary Care NP, A-G Acute Care NP, A-G CNS
- Issue is how long they need to maintain current exams; at a minimum 2015
- Determining what new exams will be needed
Implementation: Psych/MH Population Focus

- APNA and ISPN formed joint TF
- Charged with making recommendations on how to align PMH-APRN with the Model and components of LACE
- Have concluded work and submitted recommendations to boards, presented to memberships, posted on website for feedback
Psych/MH APRN: Recommendations

- One entry educational focus: PMH NP with preparation across the lifespan
- Those currently licensed and certified PMH APRNs who maintain certification should be permitted to continue practice
- Recommendations re. curriculum, clinical experiences, certification
Implementation: Specialty Organizations

- Educating stakeholders
- Evaluating exams, eligibility criteria
- Identifying what new specialty exams needed

Important for entire LACE community to educate profession regarding importance of professional certification
LACE: Major Issues/Questions Related to Implementation

- Interpretation and Implementation of APRN Core (3P’s)
  - Common versus population-focused course
- Differentiation of CNP Role into Acute and Primary Care CNP Roles
  - Acute Care Pediatric CNP
  - Acute Care Adult-Gerontology CNP
  - Primary Care Pediatric CNP
  - Primary Care Adult-Gerontology CNP
Implementation: APRN Core (3P’s)

- 3 P’s (separate graduate level courses)
  - Advanced physiology/pathophysiology, including general principles *that apply across the lifespan*; *(lifespan is defined as conception through old age including prenatal and death).*
  - Advanced health assessment, which includes all systems and advanced techniques.
  - Advanced pharmacology, which includes .... all broad categories of agents- not solely for population
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*

Licensure occurs at Levels of Role & Population Foci

** Family/Individual Across Lifespan
** Adult-Gerontology*
** Neonatal
** Pediatrics
** Women’s Health/Gender-Related
** Psychiatric-Mental Health**

POPULATION FOCI

APRN ROLES

** Nurse Anesthetist
** Nurse-Midwife
** Clinical Nurse Specialist
** Nurse Practitioner *
Acute & Primary Care NP

“The CNP is prepared with the acute care CNP competencies and/or the primary care CNP competencies. Currently this applies only to the pediatric and adult-gerontology CNP.”

“Programs may prepare individuals across both the primary care or acute care; however, then individuals must be prepared with consensus based competencies for both roles and obtain certification in both.”