2019 NCSBN ANNUAL MEETING

CHICAGO · AUG. 21–23, 2019

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APRN Consensus Resolution Report

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AUG. 21–23, 2019

Resolution: August 2018

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Whereas, The APRN Consensus Model is ten years old; and

Whereas, Inconsistencies exist in the regulatory interpretation and implementation of the model among various states; and

Whereas, The 2017 NCSBN APRN Roundtable Meetings revealed these inconsistencies; therefore, be it

Resolved, That NCSBN convene a forum of state board regulators with expertise in APRN issues to discuss these inconsistencies as well as challenges and strategies; and be it further

Resolved, That following this forum, the NCSBN Board of Directors evaluate how to address the challenges Boards of Nursing are experiencing in relation to the implementation of the APRN Consensus Model; and be it further

Resolved, That the progress of these activities be reported to the 2019 NCSBN Annual Meeting.

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APRN Consensus Model Forum

April 10, 2019

Chicago, IL

Moderated by Stephanie Ferguson

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AUG. 21–23, 2019

The Consensus Model for APRN Licensure, Accreditation, Certification, and Education

Title	Roles	Licensure	Education	Certification	Independent Practice	Independent Prescribing
Advanced Practice Registered Nurse (APRN)	• Certified Nurse Practitioner (CNP) • Certified Registered Nurse Anesthetist (CRNA) • Clinical Nurse Specialist (CNS) • Certified Nurse Midwife (CNM) **Population Foci** • Family/Individual Across the Lifespan • Adult-Gerontology • Neonatal • Pediatrics • Women's Health/Gender-Related • Psychiatric-Mental Health **Specialties**	An APRN must hold licensure as an RN and an APRN.	An APRN must have a master's degree or higher. **Grandfathering** **The "3 Ps"** • Advanced Health Assessment (Physical) • Physiology • Pharmacology **Programs** • Clinical • Preceptorship **Accreditation** **Post-Certificate Programs**	Obtain and maintain national certification in role and population foci. • Recertification requirements • Examination	Practice without physician supervision	Prescribe without physicians supervision

The Consensus Model for APRN Licensure, Accreditation, Certification, and Education

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Title

Advanced Practice Registered Nurse (APRN)

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Issues and Discussion

- Licensees want to be called NPs rather than APRNs
- Change CRNA to Nurse Anesthesiologist

Issues and Discussion

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- Changing the APRN title will have an impact on billing
- States are still striving to adopt the model – we need to strive towards consistency.
- The public is still learning the titles- we want to avoid confusion
- Changing CRNA will exacerbate the existing tensions with physicians.

The Consensus Model for APRN Licensure, Accreditation, Certification, and Education

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Roles and Population Foci

- Certified Nurse Practitioner (CNP)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Certified Nurse Midwife (CNM)

Population Foci

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

Specialties

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Issues and Discussion

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- Model does not allow for NPs to be educated across the spectrum of care
- Market need is driving something different from the model. We need to support access to care- rural communities.
- Need for a generalist category of APRNs. PAs are not restricted.
- Physicians are not restricted.

Issues and Discussion

- The setting the APRN works in should be irrelevant, and acute and primary care foci should not be tied to setting.
- PAs are educated as generalists and require supervision. APRNs have a more narrow scope but are taught to be independent.
- APRNs must be careful to differentiate themselves from physicians, who have 10,000 hours of generalist training
- Recent research has suggested that when barriers are removed, APRNs can fill the provider gap in rural, underserved areas without compromising education and certification.

Issues and Discussion

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- There is a regulatory responsibility to hold licensees accountable for what they have been prepared to do through their education and certification.
- Perhaps there should be a scope of practice decision tree for APRNs.

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Licensure

An APRN must hold licensure as an RN and an APRN.

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Issues and Discussion

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- Two opinions among the attendees related to licensure:
  - RN and APRN licensure for APRNs
  - APRN license only
- **Model was related to discipline:**
- **Requiring the RN license assures that every APRN, especially internationally educated, have passed the NCLEX**

The Consensus Model for APRN Licensure, Accreditation, Certification, and Education

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Education

An APRN must have a master's degree or higher.

Grandfathering

The "3 Ps"

- Advanced Health Assessment (Physical)
- Physiology
- Pharmacology

Programs

- Clinical
- Preceptorship

Accreditation

Post-Certificate Programs

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Issues and Discussion

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- All APRN programs should be in-person. Online not allowed.
- Are the 3 Ps still sufficient as basic requirements?
  - Should there be a grade requirement in these courses?
  - Should they be specialized by role and population?

If the 3 Ps are specialized and an APRN wishes to change population foci- they would need to repeat these.

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Certification

Obtain and maintain national certification in role and population foci.

- Recertification requirements
- Examination

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Certification

- What to do if a certification examination is retired?
- Should there be a generalist exam?
- Recertification is inconsistent. No universal definition of currency of certification.

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Independent Practice/Prescribing

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Issues and Discussion

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Negative connotation of the term ‘independent practice’ is the implication that these APRNs do not consult with colleagues when necessary, and therefore the term ‘full practice authority’ is ideal.

Closing Discussion

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Holistic Nurses

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In Summary…

- An opportunity for discussion…
- Agreement that the Consensus Model should NOT be revised.

Many states have strived towards fully adopting the model and making changes would be disruptive and confuse the public.