

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

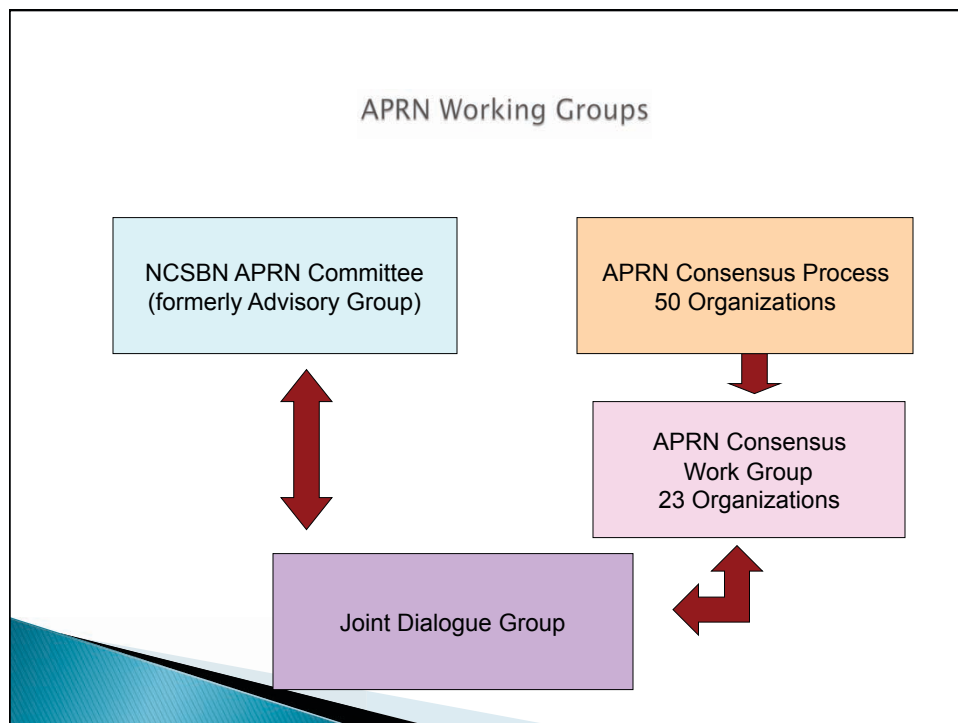
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## What drove development of the Model?

- ▶ Lack of common definitions for APRN roles
- ▶ Lack of standardization in APRN education programs
- ▶ Proliferation of specialties and subspecialties, e.g. Palliative Care NP, Cardiovascular CNS, Homeland Security NP
- ▶ Lack of common legal recognition across jurisdictions e.g. Less than 30 states recognize or title protect CNS; not all states license/authorize CRNA same as NP

## Benefits of APRN Consensus Model

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



## Who?

- ▶ National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee
- ▶ Advanced Practice Registered Nurse (APRN) Consensus Work Group

## NCSBN

- ▶ National Council of State Boards of Nursing
  - Represents 50 states, the District of Columbia and four US territories
  - Purpose “is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.”

## NCSBN

- ▶ Developed the NCLEX
- ▶ Mutual recognition model of RN licensure 1997
  - Twenty three states have agreed to the Nursing Licensure Compact

## NCSBN and APRNs

- ▶ Became involved when states began to use Certification exams as requirement for licensure
- ▶ 1993 developed model for legislation language and administrative rules for APRNs
- ▶ Worked with certifying bodies to develop defensible exams
- ▶ Concern about increasing subspecialty exams allowing APRN licensure drafted White Paper in 2006

## Consensus Group

- ▶ Joint effort of AACN and NONPF formed in 2004 to develop a consensus model for APRN credentialing
- ▶ Fifty organizations were invited initially to participate, 23 formed the final work group

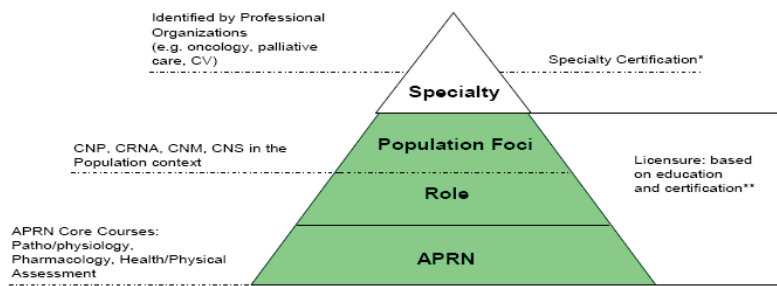
## The Model

- ▶ APRN roles that focus on patient care:
  - Certified Nurse Practitioners
  - Clinical Nurse Specialists
  - Certified Nurse Midwives
  - Certified Registered Nurse Anesthetists
- ▶ Not all nurses with advanced degrees
  - Informatics
  - Public Health

# Core Competencies

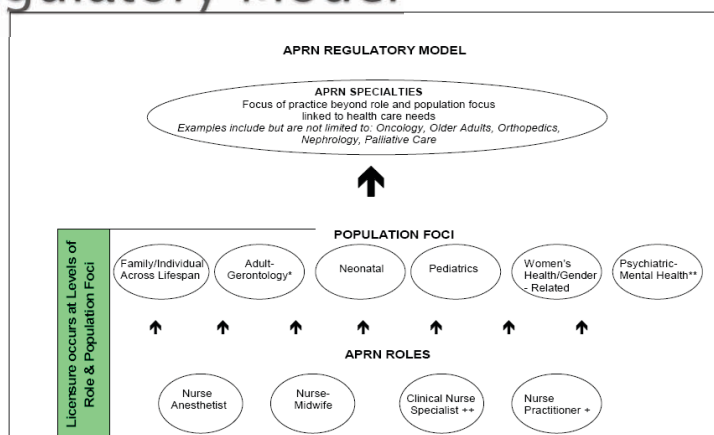
## Competencies

## Measures of competencies



\* Certification for specialty may include exam, portfolio, peer review, etc.  
 \*\* Certification for licensure will be psychometrically sound and legally defensible examination be an accredited certifying program.

# Regulatory Model



+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. Programs 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 CNPs in these roles.

## Requirements for Licensure

- ▶ License APRNs in the categories of Certified Registered Nurse Anesthetist, Certified Nurse–Midwife, Clinical Nurse Specialist or Certified Nurse Practitioner within a specific population focus
- ▶ Solely responsible for licensing Advanced Practice Registered Nurses
- ▶ Only license graduates of accredited graduate programs that prepare graduates with the APRN core, role and population competencies;
- ▶ require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure.

## Requirements for Licensure

- ▶ Not issue a temporary license;
- ▶ Only license an APRN when education and certification are congruent;
- ▶ License APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision;
- ▶ Allow for mutual recognition of advanced practice registered nursing through the APRN Compact;
- ▶ Have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles

## Grandfathering

- ▶ Institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements except in states where state boards of nurse-midwifery or midwifery regulate nurse-midwives or nurse-midwives and midwives jointly.
- ▶ Grandfathering is a provision in a new law exempting those already in or a part of the existing system that is being regulated. When states adopt new eligibility requirements for APRNs, currently practicing APRNs will be permitted to continue practicing within the state (s) of their current licensure.

## Grandfathering

An APRN that applies for licensure by endorsement in another state would be eligible for licensure if following criteria have been met:

- ▶ Current, active practice in the advanced role and population focus area,
- ▶ Current active, national certification or recertification, as applicable, in the advanced role and population focus area



## Grandfathering

- ▶ Compliance with the educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed their education program
- ▶ Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g. recent CE, RN licensure).
- ▶ Once the model has been adopted and implemented all new graduates applying for APRN licensure must meet the requirements outlined in this regulatory model

## Accreditation of Education Programs

- ▶ Accreditors will be responsible for evaluating APRN education programs including graduate degree-granting and post-graduate certificate programs..
- ▶ 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

## Accreditation of Education Programs

- ▶ Include an APRN on the visiting team when an APRN program/track is being reviewed; and
- ▶ Monitor APRN educational programs throughout the accreditation period by reviewing them using established accreditation standards and processes.
- ▶ Degree-granting programs include both master's and doctoral programs. Post-graduate certificate programs include post-master's and post-doctoral education programs.

## Certification Bodies

- ▶ 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, if appropriate, separately from the APRN core, role and population-focused competencies
  - be accredited by a national certification accreditation body
- ▶ The certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).

# Discussion