



**Consensus Model for Advanced Practice Registered Nurse Regulation:
New Opportunities for Gerontological Advanced Practice Nurses**

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Learning Objectives

- ▶ Describe the history of the development of the Consensus Work Group and the NCSBN APRN Advisory Committee
- ▶ Describe the APRN model of regulation that has been endorsed by GAPNA along with most APRN professional organizations.
- ▶ Identify the challenges and opportunities the new regulatory model offers to Gerontological APRNs

The Model

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

Our Diverse Past

- ▶ 1915
 - First school for the preparation of Nurse Anesthetists was established in Cleveland, OH
- ▶ 1925
 - Frontier Nursing Service founded establishing the specialty of Nurse Midwifery in the United States
- ▶ 1944
 - Clinical Nurse Specialists role was first defined
- ▶ 1965
 - Initial Nurse Practitioner demonstration

Our Diverse Past

- ▶ 1979
 - NLN declared the Masters in Nursing should be required for Nurse Practitioner practice
- ▶ 1995
 - The National Council of State Boards of Nursing (NCSBN) certification suitable for regulatory services
- ▶ 1996
 - American Association of Colleges of Nursing (AACN)
The Essentials of Master's Education for Advanced Practice Nursing Education

Document is Available on the Web

- ▶ <http://www.aacn.nche.edu/education/pdf/APRNReport.pdf>

Purpose

- ▶ To ensure patient safety while expanding patient access to APRNs

- ▶ Effectively align the licensure, accreditation, certification, and education of APRNs (LACE)

Purpose

- ▶ Consistency and portability
 - Currently great diversity from State to State
 - Scope of practice
 - Certifications recognized for entry into practice
 - Roles that are recognize

Target Date

- ▶ Full implementation by 2015
 - LACE

APRN Joint Dialogue Group

- ▶ 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 (last updated July 2008)

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

APRN Consensus Work 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
- ▶ Those invited and the participants are listed in the Appendix of the Document

The Document

- ▶ Defines APRN practice
- ▶ Describes the APRN regulatory model
- ▶ Identifies the titles to be used
- ▶ Defines specialty
- ▶ Describes the emergence of new roles and population foci
- ▶ Presents strategies for implementation
- ▶ Timeline

LACE

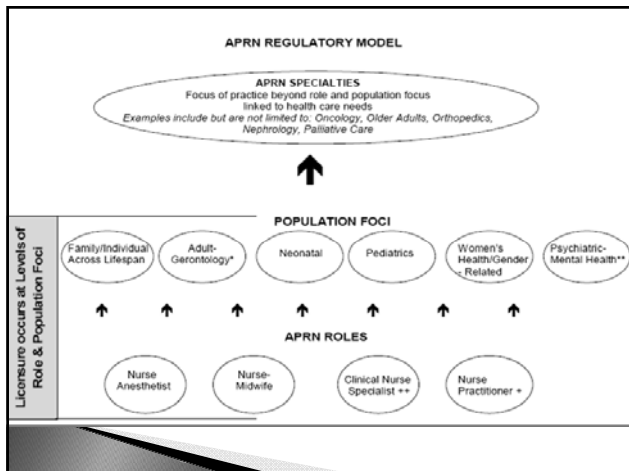
- ▶ **L**icensure: Granting of authority to practice
- ▶ **A**ccreditation: Review and approval of educational programs
- ▶ **C**ertification: Formal recognition of the knowledge, skills, and experience
- ▶ **E**ducation: Formal preparation of APRNs in graduate degree-granting or post-graduate certificate programs.

Four roles

- ▶ Nurse Anesthetists
- ▶ Nurse Midwives
- ▶ Clinical Nurse Specialists
- ▶ Nurse Practitioners

Six Populations

- ▶ Family/Individual Across the Lifespan
- ▶ Adult–Gerontology
- ▶ Neonatal
- ▶ Pediatric
- ▶ Women’s Health/Gender related
- ▶ Psychiatric/Mental health



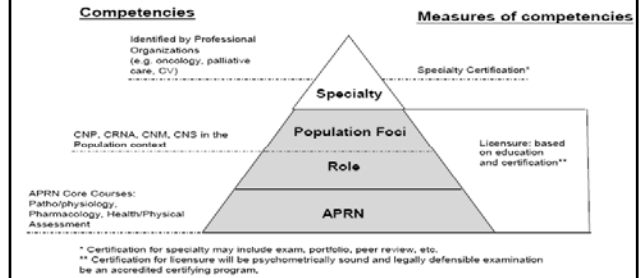
Regulatory Model

+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.

Regulatory Model

- ▶ **Adult-gerontology**
 - Encompasses the young adult to the older adult, including the frail elderly.
 - All APRNs in any of the four roles providing care to the adult population 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.

Core Competencies



Specialization

- ▶ Specialties provide depth within an established population foci
- ▶ APRNs cannot be licensed solely within a specialty area

Specialization

- ▶ Education and assessment strategies for specialty areas will be developed by the nursing profession, i.e., nursing organizations and special interest groups.
- ▶ Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations.

Requirements for Licensure

- ▶ Solely responsible for licensing Advanced Practice Registered Nurses
- ▶ 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

- ▶ May continue practicing within the state(s) of their current licensure
- ▶ For licensure by endorsement in another state the following criteria must be met:
 - Practice in the role and population focus area
 - National certification in that role and population focus area
 - Meet educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program
 - Comply with any additional criteria of that state

Organizations Endorsing the Consensus Model July 2009

- ▶ N=46
- ▶ American Academy of Nurse Practitioners (AANP)
- ▶ American Association of Colleges of Nursing (AACN)
- ▶ American Association of Critical-Care Nurses (AACN)
- ▶ American Association of Nurse Anesthetists (AANA)

Organizations Endorsing the Consensus Model July 2009

- ▶ American College of Nurse-Midwives (ACNM)
- ▶ American College of Nurse Practitioners (ACNP)
- ▶ American Nurses Association (ANA)
- ▶ American Psychiatric Nurses Association (APNA)
- ▶ **Gerontological Advanced Practice Nurses Association (GAPNA)**

SWOT

- ▶ Strengths
 - Clinical experts
 - Content experts
 - Providers
- ▶ Weaknesses
 - Size
 - Providers

Opportunities For GAPNA

- ▶ Content and Clinical Experts
 - Preceptors
 - Consultants
 - Lecturers

Opportunities For GAPNA

- ▶ The Professional Organization for APRNs Caring for Older Adults
 - Define the specialty
 - Certify the specialists

Threats

- ▶ Someone will do it
- ▶ We have the vision and the expertise
- ▶ Can we move forward
 - Identify stakeholders
 - Develop collaborations