Licensure, Accreditation, Certification, Education in Nursing: Aligning the Pieces to Improve Outcomes

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Institute of Medicine
Standing Committee on Credentialing Research in Nursing
Washington, DC

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American Association of Colleges of Nursing
Objectives

• Discuss the origin and rationale for the Consensus Model for APRN Regulation.
• Recognize the implications of the Consensus Model for licensure, accreditation, certification, and education programs.
• Analyze issues that have arisen secondary to the implementation of this unified Model for Regulation.
REGULATION

“The four-legged stool” Greta Styles

APRN Consensus Model

Licensure

Education

Accreditation

Certification
Key Messages related to APRNs:

- Nurses should practice to full extent of their education and training.
- Nurses should be full partners with physicians and other HPs in redesigning HC in U.S.
- Remove scope of practice barriers for APRNs.
- Expand opportunities for nurses to lead improvement efforts.
- Double the number of nurses with a doctorate by 2020.
Reaching Consensus: Timeline

- March 2004 – AACN & NONPF submitted proposal to Alliance for APRN Credentialing in response to ongoing concerns related to barriers to credentialing
- June 2004 – APRN Consensus Conference convened; 32 organizations participated
- October 2004 – APRN Work Group charged with developing future model for APRN
- Work group convened 16+ days Oct 2004 and July 2008
- AACN & ANA co-hosted 3 larger Consensus meetings during same timeframe (> 70 organizations)
APRN Consensus Timeline (cont.)

- February 2006 – NCSBN APRN Committee disseminated draft Vision Paper

- January 2007 – APRN Joint Dialogue Group formed, included 7 representatives from Work Group and NCSBN APRN Committee

- July 2008 – Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education finalized and disseminated

- August 2010 – MOU signed by LACE organizations to create LACE Network (renewed August 2012 for two years)
The LACE Network is a communication network that includes organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation.

LACE provides a mechanism for communicating about APRN regulatory issues, facilitating implementation of the APRN Consensus Model, and involving all stakeholders in advancing APRN regulation.”
LACE Network

- 30 organizations representing LACE have committed to supporting and participating in the Network
  - Ensure transparent and ongoing communication among LACE entities

- Provides a platform for the ongoing implementation work

- LACE not a formal, separate organization
LACE Network

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All times are displayed in your local time (Pacific)

www.APRNLACE.org
Consensus Model for APRN Regulation

- Finalized in 2008
- Endorsed by 50 nursing organizations
- Implementation began immediately and is actively ongoing
- Addresses all APRN roles: CRNA, CNM, CNS, CNP
  - Defines APRN
  - Defines four APRN roles
  - Establishes legal title

- Has implications for all APRN education programs, certifying entities, accrediting bodies, and licensing bodies
Timeline for Sequential Implementation of Model

- Implementation was started in 2008 (or earlier) by all LACE entities
- APRN education programs should be transitioned by 2012-2013
- Accreditation processes should be in place by 2012-2013
- Certification examinations should be in place by 2012-2014
- Target for full implementation is 2015
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

POPULATION FOCI
- Across Lifespan
- Adult-Gerontology
- Neonatal
- Pediatrics
- Women’s Health/Gender-Related
- Psychiatric-Mental Health

APRN ROLES
- Nurse Anesthetist
- Nurse-Midwife
- Clinical Nurse Specialist
- Nurse Practitioner *
Implications for Licensing APRNs

State Boards of Nursing will:
- Implement the APRN legislative language
- Issue a second APRN license
- License APRNs as independent practitioners with full prescriptive authority
- Ensure APRN representation on the Board of Nursing
- Include a grandfathering clause for those APRNs already practicing
Implementation Issues Related to Licensure

- Collecting accurate data regarding implementation by state boards of nursing
- Clarification to ensure accurate interpretation of Consensus Model as states work to implement and change regulations
- Recognition of all four roles and populations
- Grandfathering
- Development of resources for public and state boards

www.ncsbn.org/4213.htm
Consensus Model Implementation Status
This map is an overview of each state's consensus model implementation status.

Implementation Status
APRN Title
APRN Roles
APRN & RN Licensure
Education
Certification
Independent Practice
- CRNA
- CNM
- CNS
- CNP
Independent Prescribing
- CRNA
- CNM
- CNS
- CNP
Implications for Accreditation of APRN Education Programs

- 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
- Ensure that education programs meet CM expectations, including incorporation of nationally recognized APRN, role and population-focused competencies

Commission on Collegiate Nursing Education (CCNE) & Accreditation Commission for Education in Nursing (ACEN) (formerly NLNAC) goal is to have processes in place by 2013-2014
Implications for APRN Certification

- All APRNs must be nationally certified by a recognized, accredited certifying body
  - Currently, there are 5 recognized NP certifiers; 2 CNS; 1 CNM; and 1 CRNA.
- Assess APRN core, role/population competencies
- Individuals must be certified in the role/population which matches education program
- Specialty must be assessed separately
Implementation Questions Related to Certification

- Who is eligible to sit for the current exams if never certified?
  - Reviewing past education programs

- Who will be eligible to sit for the new exams, i.e. Adult-Gero NP and CNS and psych/MH NP exams?

- What new exams are needed for the roles/population foci, e.g. psych/MH NP across the lifespan, Women’s Health CNS, Across the Lifespan CNS?

- When should the “old” exams be retired?

- What specialty certifications are needed or will be developed?
Implications for APRN Education Programs

- Timeline for education programs to transition was projected to be 2012-2013
- Ensure that grads eligible for national certification/licensure
- All **new** APRN programs/tracks must be pre-accredited/pre-approved prior to admitting students
- All post-graduate certificate APRN programs will need to be accredited by 2015
Implementation Issues for APRN Education

- Clarification of APRN Core (3 separate “P” courses, broad-based, comprehensive)
- Official Transcript or official document (list role and population)
- Differentiation of Acute and Primary Care NP roles
- Inclusion of wellness in all APRN curricula
- Enhancing content related to care of older adults in all APRN curricula
Building a Curriculum

Competencies

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

NP, CRNA, CNM CNS
Core competencies in Population context

3 Ps (Advanced - Pathophysiology, Pharmacology, & Health Assessment)

2011 AACN Master's or 2006 DNP Essentials
Adult/Gerontology APRNs

New Model (to be fully effective by 2015)
- Does away with separate adult & geriatric programs
- Combines Adult and Gerontology NP and CNS programs into fully merged Adult-Gerontology NP and CNS programs
- Requires more geriatrics in family, psych/MH, and women’s health programs; also in CNM and CRNA programs

Rationale based on population demographics and workforce. Change has implications for all APRN education programs, certifying entities, accrediting and licensing bodies
Enhancing Preparation of APRNs to Care for Older Adult

- Recommended Competencies for Older Adult Care for Non-Adult-Gerontology APRNs
  - WHNPs & FNPs
  - WH and Across the Lifespan CNSs

http://www.aacn.nche.edu/education/nonadultgero.htm
Adult/Gerontology APRN Competencies

- Adult-Gerontology Primary Care NP Competencies (2011)
- Adult-Gerontology Acute Care NP Competencies (2011)
- Adult-Gerontology CNS Competencies (2011)

http://www.aacn.nche.edu/Education/adultgerocomp.htm

Also, for non-Adult/Gero APRNs recommended competencies:

http://www.aacn.nche.edu/education/nonadultgero.htm
## Number of NP Programs Impacted

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Source: AACN IDS, 2010
Consensus Model Resources

LACE Network
http://www.aprnlace.org

APRN Model Act/Rules and Regulations.
https://www.ncsbn.org/APRN_leg_language_approved_8_08.pdf

Consensus Model for APRN Regulation: Licensure, Accreditation Certification & Education (July 2008)

APRN Consensus Model FAQs (8/19/2010)
http://www.aacn.nche.edu/education/pdf/LACE_FAQ.pdf

Adult-Gerontology NP & CNS Competencies
http://www.aacn.nche.edu/Education/adultgerocomp.htm
Creating a Unified Model for APRN Regulation

- This is about producing the most competent APRN clinicians to assure that this country’s health care needs are met.
- It’s about the patient – not the provider and the mandate for change is evident for all health professionals.
- Increasing access to high quality APRN care.
- Consensus-based, collaborative effort by the nursing profession.
APRN Regulation

Licensure

Education

Accreditation

Certification
For additional information or questions:

http://www.aacn.nche.edu

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