

CONSENSUS MODEL FOR APRN REGULATION: LICENSURE, ACCREDITATION, CERTIFICATION, AND EDUCATION

As underscored by the inclusion of APRNs in recent health system reform efforts, there is increased appreciation of the important role that APRNs can play in improving access to high quality cost-effective care. However, a proliferation of nursing specializations, debates on appropriate credentials and scope of practice and a lack of uniformity in state regulations, have limited the ability of patients to access APRN care.

The document *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*, which was completed in July 2008 and endorsed by 44 organizations¹, delineates the model for future regulation of advanced practice registered nurses (APRNs). The Consensus Model, when implemented, will standardize each aspect of the regulatory process for APRNs, resulting in increased mobility for APRNs and increased access to APRN care.

The document was completed through the collaborative work of the APRN Consensus Workgroup and National Council of State Boards of Nursing² APRN Advisory Committee, with extensive input from a much larger APRN stakeholder community. ANA is committed to work with our constituents, the nursing community, and the broad stakeholder community to achieve the successful and timely implementation of the Consensus Model.

This issue brief provides an overview of the Consensus Model, information about ANA's work regarding it, and additional resources.

¹ The list of endorsing organizations is updated periodically at <http://www.aacn.nche.edu/Education/pdf/APRNReport.pdf>.

² NCSBN is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of licensure examinations for nursing. <https://www.ncsbn.org>

COMPONENTS OF THE CONSENSUS MODEL FOR APRN REGULATION

Definition of an APRN

The Consensus Model document provides a detailed definition of an APRN. Briefly, an APRN is a nurse:

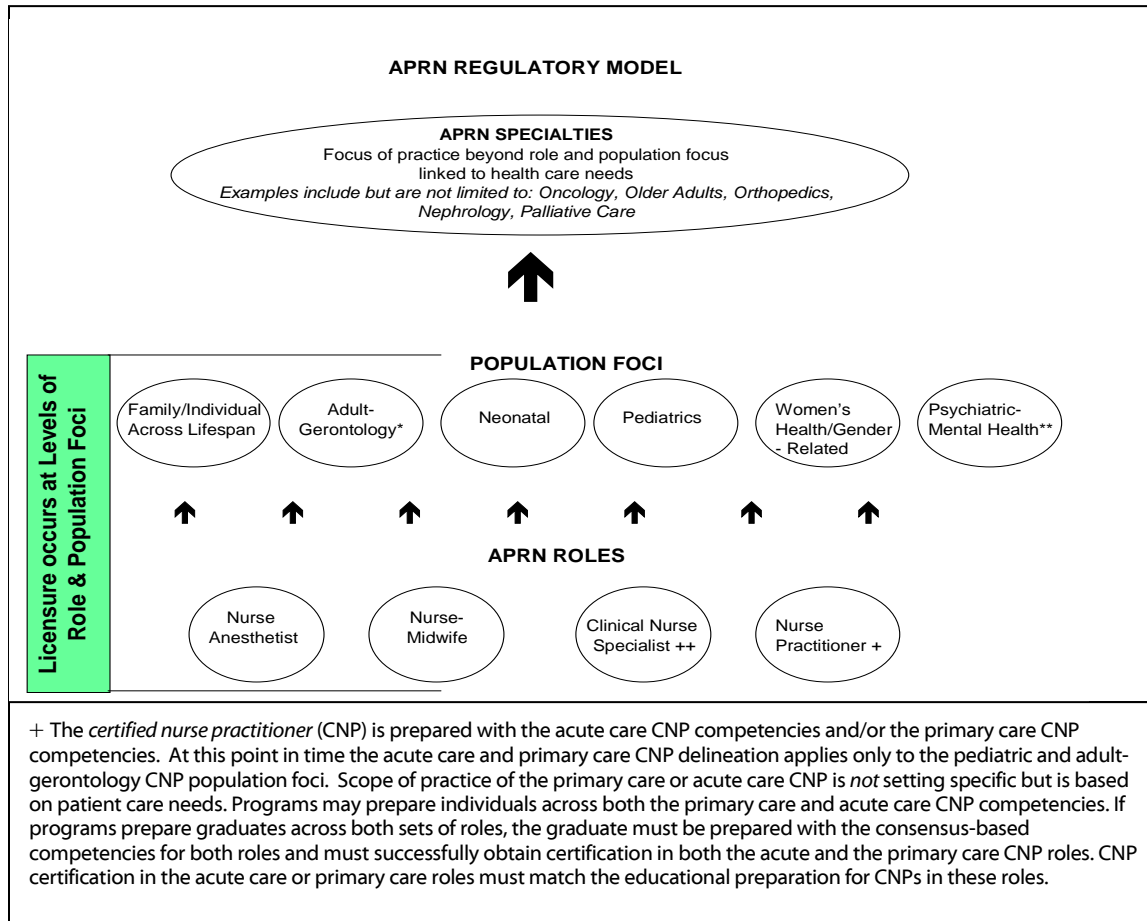
1. Who has completed a graduate-level education program in preparation for one of the four APRN roles;
2. Who has passed a national certification examination and maintains certification;
3. Who has acquired advanced clinical knowledge and skills;
4. Whose practice builds on the competencies of registered nurses (RNs) by demonstrating greater knowledge, increased complexity of skills and interventions, and greater role autonomy;
5. Who is prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, including prescription of pharmacologic and non-pharmacologic interventions;
6. Who has sufficient clinical experience to reflect the intended license; and
7. Who has obtained a license to practice as an APRN in one of the four APRN roles

Four APRN roles and population foci

There are four APRN roles defined in the Consensus Model document:

1. Certified registered nurse anesthetist (CRNA)
2. Certified nurse-midwife (CNM)
3. Clinical nurse specialist (CNS)
4. Certified nurse practitioner (CNP)

APRNs are educated in one of these four roles and in at least one of six population foci depicted in the diagram of the APRN regulatory model on the next page.



Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci.

LACE: The four essential elements of APRN regulation

APRN regulation includes four essential elements: *licensure, accreditation, certification, education* (LACE):

1. *Licensure* is the granting of authority to practice.
2. *Accreditation* is the formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing-related programs.
3. *Certification* is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards that are identified by the profession.
4. *Education* is the formal preparation of APRNs in graduate degree-granting or post-graduate certificate programs.

APRN education

The Consensus Model document spells out requirements³ for broad-based APRN education, including:

- Formal education with a graduate degree or post-graduate certificate awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).
- At a minimum, three separate comprehensive *graduate-level* courses (the APRN Core) in:
 - Advanced physiology/pathophysiology
 - Advanced health assessment; and
 - Advanced pharmacology

APRN specialties

Preparation in a specialty practice – which is *optional* – represents a much more focused area of preparation and practice than does the APRN role. The criteria for defining an APRN specialty is built upon the ANA (2004) *Criteria for Recognition as a Nursing Specialty* and includes areas such as palliative care, substance abuse, or nephrology. For example, a family CNP could specialize in elder care or nephrology; an Adult-Gerontology CNS could specialize in palliative care; a CRNA could specialize in pain management; or a CNM could specialize in care of the post-menopausal woman.

State licensing boards will *not* regulate the APRN at the level of specialties. Professional certification in the specialty area of practice is strongly recommended.

Emergence of new APRN roles and population foci

As nursing practice evolves and health care needs of the population change, new APRN roles or population-foci may evolve over time. Therefore, the Consensus Model spells out characteristics of a process to be used to develop nationally recognized core competencies, and education and practice standards for a newly emerging role or population-focus, and a set of criteria which must be recognized.

³ Refer to the Consensus Model document for a complete list.

IMPLEMENTING THE CONSENSUS MODEL FOR APRN REGULATION

Implementation strategies

In order to accomplish the model, the four prongs of regulation: licensure, accreditation, certification, and education (LACE) must work together. Expectations for each are enumerated in the document. In brief:

1. *Foundational requirements for **licensure*** requires boards of nursing to license APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision, and allow for mutual recognition of advanced practice registered nursing through the APRN Compact. The Consensus Model also includes institution of a grandfathering clause that will exempt APRNs already practicing in the state from new eligibility requirements.
2. *Foundational requirements for **accreditation*** of education programs requires accreditors, through their established accreditation standards and process, to assess APRN education programs in light of the APRN core, role core, and population core competencies and to monitor educational programs throughout the accreditation period.
3. *Foundational requirements for **certification*** requires certifiers, accredited by a national certification accreditation body, to follow established testing and psychometrically sound, legally defensible standards for APRN examinations. They will also provide a mechanism to ensure ongoing competence and maintenance of certification and participate in ongoing relationships which make their processes transparent to boards of nursing.
4. *Foundational requirements for **education*** requires APRN education programs/tracks to be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), be pre-approved, pre-accredited, or accredited prior to the acceptance of students, and ensure that graduates of the program are eligible for national certification and state licensure.

Timeline for implementation of the regulatory model

A target date for full implementation of the APRN regulatory model and all embedded recommendations is 2015.

Implementation of the recommendations will occur incrementally. And, due to the interdependence of licensure, accreditation, certification, and education, certain recommendations will be implemented sequentially.

However, recognizing that this model was developed through a consensus process with participation of APRN certifiers, accreditors, public regulators, educators, and employers, it is expected that the recommendations and model delineated will inform decisions made by each of these entities as the APRN community moves to fully implement the APRN Regulatory Model.

Creating the LACE structure and processes

The collaborative efforts required to produce the document have illustrated the ongoing level of communication necessary to ensure that all APRN stakeholders are involved. That work is continuing in the development of a structure and process for implementation.

Each endorsing organization has been asked to develop a written plan of specific activities it will undertake to implement the Consensus Model, with a projected timeline.

ANA activities and resources

ANA has regularly briefed its constituents as the Consensus Model has evolved, and has responded to numerous inquiries seeking information and clarification.

ANA has posted a “toolkit” on the ANA website, which includes link to newsletter articles, a Power Point presentation, and Fact Sheet provided by NCSBN. The toolkit will be updated and expanded as needed.

<http://www.nursingworld.org/consensusmodeltoolkit>

ANA will continue to inform our constituents as implementation progresses, focusing our efforts on assisting our Constituent Member Associations (the ANA state nurses associations).

If you have questions or require further information, please contact the Department of Nursing Practice and Policy at 301-628-5058.