WHAT IS THE APRN CONSENSUS MODEL AND HOW DOES IT EFFECT ADVANCED PRACTICE NURSES?
Objectives

1. Review the history and development of the APRN Consensus Model
2. Identify key components of the APRN Consensus Model
3. Describe the relationship between educational competencies, licensure and certification
4. Discuss the impact of the APRN Consensus Model on graduate education
5. Describe the NCSBN Campaign for Consensus Project
6. Identify strategies to assure successful adoption of the APRN Consensus Model in Arizona
7. Discuss the purpose and implications of APRN Compact Legislation
8. Apply this knowledge to your practice and professional goals
9. Support Arizona APRN Consensus Model and Compact Legislation and educate your colleagues
APRN Consensus Model

History and Development
Background – early to mid 2000s

Complexities in providing quality care:

- > 47 million without health insurance
- Rising healthcare costs
- Healthcare workforce shortages – nurses and physicians
- Distribution of providers
- Aging population

(Center on Budget and Policy Priorities, 2006)
Institute of Medicine (IOM), 2001

- Recognized the complexities of scope of practice across disciplines
- Called for state regulators to allow for innovation in the use of all types of clinicians to effectively meet patients’ needs
- Encouraged the use of interdisciplinary teams to optimize patient care

(IOM, 2001)
Reasons APRN Consensus Model was needed?

- Lack of common definitions related to APRN roles
- Lack of standardization in programs leading to APRN preparation – variable clinical hours, inconsistent Masters Essentials compliance, programs graduating students that could not be licensed
- Proliferation of specialties and subspecialties – ex: Palliative Care NP, Cardiovascular CNS, Homeland Security NP
- Lack of common legal recognition across jurisdictions – ex: less than 30 states recognize CNS, not all states license CRNAs

(American Association of Colleges of Nursing (AACN), 2010; National Council of State Boards of Nursing (NCSBN), 2008)
APRN Consensus Work Group, 2004-2007

The Consensus Model for APRN Regulation
(published widely 7/8/2008)

- National Council of State Boards of Nursing
- American Association of Colleges of Nursing
- Stakeholders in Education, Certification, Accreditation, APRN roles

Endorsed by 45 APRN organizations (now 48)
Endorsing Organizations

- National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)
- National Certification Corporation (NCC)
- National Council of State Boards of Nursing (NCSBN)
- National Gerontological Nursing Association (NGNA)
- National League for Nursing (NLN)
- National League for Nursing Accrediting Commission, Inc. (NLNAC)
- National Organization of Nurse Practitioner Faculties (NONPF)
- Nurse Practitioners in Women’s Health (NPWH)
- Nurses Organization of Veterans Affairs (NOVA)
- Oncology Nursing Certification Corporation (ONCC)
- Oncology Nursing Society (ONS)
- Orthopedic Nurses Certification Board (ONCB)
- Pediatric Nursing Certification Board (PNCB)
- Wound, Ostomy and Continence Nurses Society (WOCN)
- Wound, Ostomy and Continence Nursing Certification Board (WOCNCB)
Endorsing Organizations

- Academy Accreditation Commission for Midwifery Education (ACME)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing (AACN)
- American Association of Critical-Care Nurses (AACN)
- American Association of Critical-Care Nurses Certification Corporation
- American Association of Legal Nurse Consultants (AALNC)
- American Association of Nurse Anesthetists (AANA)
- American Board of Nursing Specialties (ABNS)
- American College of Nurse-Midwives (ACNM)
- American College of Nurse Practitioners (ACNP)
- Academy of Medical-Surgical Nurses (AMSN)
- American Holistic Nurses Association (AHNA)
- American Midwifery Certification Board (AMCB)
- American Psychiatric Nurses Association (APNA)
- American Nurses Association (ANA)
- American Nurses Credentialing Center (ANCC)
- Arkansas State Board of Nursing
Endorsing Organizations

- Association of Faculties of Pediatric Nurse Practitioners (AFPNP)
- Commission on Collegiate Nursing Education (CCNE)
- Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
- Dermatology Nurses Association (DNA)
- Dermatology Nursing Certification Board (DNCB)
- Emergency Nurses Association (ENA)
- Gerontological Advanced Practice Nurses Association (GAPNA)
- Hospice and Palliative Nurses Association (HPNA)
- The International Society of Psychiatric Nurses (ISPN)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Orthopedic Nurses (NAON)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- National Board for Certification of Hospice and Palliative Nurses (NBCHPN)

(NCSBN, 2008)
Benefits

- Ensures public safety
- Increases access to healthcare
- Facilitates standardized APRN practice credentials (State Boards have standardized criteria for regulation)
- Advocates appropriate scope of practice

(NCSBN, 2008)
APRN Consensus Model

Key Components
Definition of Advanced Practice Registered Nurse (APRN)

An individual who has:

- Completed an accredited graduate-level educational program
- Passed a national certification examination that matches the educational preparation
- Acquired advanced clinical skills and knowledge
- Practice built upon the competencies of an RN
- Clinical experience of sufficient depth and breadth to reflect the intended license
- Obtained a license to practice as an APRN in one of the four roles

(NCSBN, 2008)
APRN Consensus Model Fundamentals

**APRN Roles**
- Nurse Practitioner
- Certified Nurse Midwife
- Nurse Anesthetist
- Clinical Nurse Specialist

**Population Foci**
- Family/Individual Lifespan
- Adult/Gerontology
- Pediatrics
- Neonatal
- Women/Gender Based
- Psychiatric/Mental Health
APRN Regulatory Model: LACE

APRN regulation includes:

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

(NCSBN, 2008)
APRN Regulatory Model

APRN Specialties
Focus of Practice beyond role and population focus
Linked to healthcare needs
Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative care, Critical Care

POPULATION FOCI

Family/Individual Across lifespan
Adult-Gerontology
Women’s Health/Gender Related
Neonatal
Pediatrics
Psych/Mental Health

APRN ROLES

Nurse Anesthetist
Nurse Midwife
Clinical Nurse Specialist
Nurse Practitioner

APRN Consensus Model

Relationship Between Educational Competencies, Licensure and Certification
Relationship Between Educational Competencies, Licensure and Certification

**Competencies**

- Identified by Professional Organizations (e.g. oncology, palliative care, CV)
- CNP, CRNA, CNM, CNS in Population context
- APRN Core Courses: Patho/phys, Pharmacology, Physical/health assess

**Measures of competencies**

- Specialty Certification*
- Licensure: based on Education And certification**
Licensure

- Implement APRN legislative language
- APRNs licensed with **full practice authority**
- Full prescriptive authority
- Maintain full APRN representation on BON
- APRNs already practicing will be able to continue practicing in the state

(Stanley, 2010)

- Target date for state legislation was 2015
Certification

- Completion of a graduate-level APRN program provides educational preparation to sit for national certification
- Accredited by a national certification accrediting body
  (NCSBN, 2008)
- Certification exams were transitioned by 2013
APRN Consensus Model

Impact on APRN Graduate Education
Educational Requirements

- Education programs transitioned by 2012
- All graduates prepared for national certification and licensure
- Post-graduate APRN certificate programs need to be accredited
- Prior to admitting students:
  - New APRN programs or tracks must be pre-approved/pre-accredited
  - Accreditation processes can vary across APRN roles
  - Ensures that programs meet educational standards and meets certification requirements/licensure eligibility

(NCSBN, 2008; Stanley, 2010)
Educational Requirements

- Transcripts must now include identification of APRN role and population focus

- All APRN Curricula must:
  - Meet Graduate Core Competencies (Masters or DNP Essentials)
  - Students completing requirement for a post-graduate certificate in role/population need to have completed or complete advanced courses the 3 Ps:
    - Pathophysiology
    - Pharmacology
    - Physical Assessment

(NCSBN, 2008; Stanley, 2010)
Educational Requirements

- Each role curriculum (NP, CNM, CRNA, CNS) must include preparation across the health wellness-illness continuum (broad based education).
- Each curriculum must establish population-focused competencies – family, adult-gerontology, neonatal, pediatric, women’s health/gender related, psychiatric-mental health.

Available at http://www.nonpf.com

(NCSBN, 2008; Stanley, 2010)
But licensure change requires legislation and still has a long way to go!

(Keenan, 2010)
What about the DNP?

- Target date of 2015 should not be confused with Consensus Model legislation
NCSBN Campaign for Consensus Project
Licensure change requires legislative change!

Challenges:

- Not all APRNs are regulated by Boards of Nursing
- States use different terminology for APRN roles
- Most states have different legislation for each of the four APRN roles
- Two states do not require graduate education
- Some states do not have full practice authority for any APRNs
See handout from American Association of Nurse Practitioners
NCSBN Campaign for Consensus Project

National initiative to assist states in aligning their APRN regulation with the major elements of the Consensus Model for APRN Regulation

See: https://www.ncsbn.org
Strategies for Adoption in Arizona

APRN Consensus Model
Arizona APRN Coalition

- Members from each of the four APRN groups
- To participate, email Randy Quinn at randyquinnaz@gmail.com
- 2-3 persons from each APRN group are currently working on their sections of the sunrise report; will be combined into one sunrise report to be completed in September 2015 and submitted as part of the sunrise review process
- Goal is for draft legislation to get a sponsor, go to committee, then be introduced in state legislature in January 2016
What is the Sunrise Review Process?

Established by Laws 1985, Title 32, Chapter 31

Arizona’s sunrise review process provides a mechanism for both health professions and nonhealth professions to request regulation and, for health professions, expansion in scope of practice.

Link to AZ Sunrise/ Sunset Process
http://www.azleg.gov/ (Left navigation bar)

Title 32 = Arizona Nurse Practice Act
What changes will likely be included?

- Consensus among APRN roles – **full** and uniform **practice authority** for all

- NPs – remove word “collaboration” in one section; no change in Scope of Practice (SOP)

- CNMs – no longer under NPs; no change in SOP

- CRNAs– full practice authority, prescriptive authority (will no longer require MD supervision on site)

- CNSs – full practice authority, prescriptive authority (will require 3-4 credit academic course in Pharmacology)
What else will be submitted with the sunrise report?

Letters of support from:

- Physicians
- Leaders of healthcare facilities
- Disease focused organizations
- Patients

- Help with recruiting
- Draft letters will be available
What else can you do?

Attend Lobby Day
Tuesday, January 19, 2016
at the Capital in Phoenix

- Goal is to have someone from every congressional district
APRN Compact Legislation
APRN Compact Legislation

- The next step after states enact Consensus Model legislation

- Will allow an APRN to hold one multistate license with a privilege to practice in other compact states

See Model Legislation at: https://www.ncsbn.org
Benefits:

- Moving state to state
- Border cities
- Telehealth / virtual clinics
- Charitable organizations
- Online and hybrid APRN programs
Let’s discuss:

8. How will we apply this knowledge to our practice and professional goals?

9. Do we support Arizona APRN Consensus Model and Compact legislation?

How will we educate our colleagues and other stakeholders?

Other questions/concerns?
References

THANK YOU!

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