

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM RESPONSE TO THE NCSBN VISION PAPER

The following concerns have been raised after a careful review of the NCSBN Vision Paper: The Future Regulation of Advanced Practice Nursing. It is our assumption that this document was developed to engender further discussion and problems solving related to current issues in the APRN community. Cooperation, mutual respect and problem solving are important concepts as the issues brought forth in this document are considered, particularly in light of the current health care climate.

Comments on the Executive Summary

The vision paper suggests that variability of regulation among states is a major reason for the development of this paper. While APRN recognition has some variation among states, those variations are not things that will be changed by making sweeping changes in advanced practice accreditation, education or certification.

Within the nurse practitioner community, standardization of programs has been achieved through the utilization of the National Task Force Guidelines for Nurse Practitioner Programs and established Competencies for Adult, Family, Pediatric, Gerontology, Women's Health, Psychiatric/mental health and Acute Care Nurse Practitioners. All of these standards have been vetted and endorsed by the nurse practitioner community and are utilized in the accreditation processes of CCNE and NLNAC. Likewise, certification bodies have undergone rigorous external review for the purpose of guaranteeing psychometrically sound and legally defensible examinations. The variations that exist from state to state will not be altered by making major changes in the current educational and credentialing processes for nurse practitioners.

Changing nurse practitioner preparation from specialty preparation to generalist preparation will water down specialty nurse practitioner programs and practice. Such programs reflect the dependent physician assistant model where physician supervision is necessary for practice. This runs counter to the proposition that nurse practitioners would be independent and no longer need supervision. All advanced practice nursing is based on specialty preparation post generalist RN preparation and should be evaluated and credentialed as such.

Responses to the recommendation:

While it is accepted that advanced practice nursing should be regulated by Boards of Nursing, it must be remembered that regulation is based on the profession's recognized scope and standards of practice around which educational programs are built.

Nurse practitioner recognition and credentialing must be maintained at the specialty level, just as is the case for nurse anesthetists and nurse-midwives. If Boards of Nursing are truly concerned about protecting the public, then they will want to credential at the specialty level for all advanced practice nurses.

Accreditation of advanced practice specialties whether it be nurse anesthetists, nurse-midwives, nurse practitioners or clinical specialists should not be the role of Boards of Nursing.

A "core" examination for nurse practitioner credentialing, will measure very little of what is required to practice in a nurse practitioner specialty.

It is not clear why “proprietary examinations” offered by the anesthetists and nurse-midwives are acceptable, but proprietary examinations for nurse practitioners are not.

It is recognized that clinical practice is vital to the preparation of all advanced practice nurses, and that most programs have built into their program residencies/practicum’s that occur at the conclusion of the program. It is important that these clinical experiences be included within the educational preparation and not tacked on after the advanced practice nurse has been credentialed. Continued competency is important to ARNP practice and is currently built into the national certification programs that credential advanced practice nurses. In order to be accredited, measurement of continuing competency is required of certification programs.

While we endorse the concepts of “independence” and “no supervisory requirements”, the model suggested in this document feeds the dependent practitioner models that are currently in existence in today’s health care arena.

The proposed changes in the education and credentialing framework that currently exists will not facilitate the Advanced Practice Nurse Compact. In fact it will do just the opposite by trying to alter what has become standardized in advance practice education and credentialing. As was stated before, the variability among states is not related to lack of standardization in nurse practitioner, nurse anesthetist or nurse-midwife roles.

Response to the Essential Elements of ARNP Licensure

While we agree that subspecialization should be nested in specialization and not stand alone, this should not be the rationale for destroying the specialty base for advanced practice nurse preparation and practice.

Accreditation and Certification have been identified as voluntary processes, however in many professions including advance practice nursing, it has been a requirement that has led to the standardization of practice. The rationale for wanting to change this is unclear.

We agree with the statements made in the section on Acquiring and Maintaining Competency and would suggest that the methods currently in place have demonstrated their worth. Developing solutions based on the solid specialty base already established would appear to be a more logical approach to any existing problems that are currently occurring in the regulatory process.

The recommendations being made regarding examination are inconsistent. For instance, the reason for not using the current certification programs for nurse practitioner credentialing i.e. their proprietary nature is ignored when there is discussion about nurse anesthetists or nurse-midwife credentialing that allows the use of their own proprietary examinations. If there truly is a need for nonproprietary “licensure examination” for advanced practice nursing, then it should be for all of advanced practice nursing.

We take issue with the implication that individuals not prepared as nurse practitioners can take and pass the national specialty certification examination. What is the justification for this statement? The certification programs have met all the requirements placed on them to validate that they are psychometrically sound and legally defensible. Yet there continues to be a desire to find fault with them.

Likewise there is suggestion that there are programs that don't meet the specific program standards that are used in program accreditation. It is not clear where these programs are, how many there are and if these programs are currently accredited.

It is unclear why the system is considered broken because a nurse practitioner may be encouraged to practice outside his/her scope. Do we need to change a functioning system because someone might encounter encouragement to do something other than what they are prepared to do? Is there a reason why they can't say no?

Nurse practitioners need depth as well as breadth in their specialty educational preparation. Broad is not enough and credentialing, as a generalist is not enough in today's health care environment.

Specialty and subspecialty need to be dealt with in different ways in the credentialing of advance practice nurses. The document uses these terms interchangeably in more than one place. Creating an entire paradigm shift is not a good solution for the current problems relating to subspecialties encountered by some Boards of Nursing.

Advanced practice nurses have developed a strong positive reputation for the high quality of care they provide. It is not an accident that they have become an important element in the delivery of health care today. They have been demonstrated to be safe and reliable practitioners. Changes to be made in credentialing and regulation should build on the firm foundation that has been established rather than tearing it down to build a weaker system for the sake of "uniformity" and simplicity".

We hope that we will be able to continue to dialogue with the NCSBN and other stakeholders around the issue brought out in this document. We are keenly interested in continuing to maintain and improve the high quality of care that advanced practice nurses have learned to provide. We would encourage more dialogue with the APN task force that has been meeting to discuss these issues.

We recommend that the suggested APRN model start with accredited educational programs based on professional standards that prepare APRNs in their specialties; that residencies/preceptorships be included within the preparation, that the educational program concludes with an appropriate specialty certification examination and subsequent credentialing to practice.