



Implementing the Consensus Model for APRN Regulation: Implications for LACE

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Objectives

- Discuss key issues related to implementation of the Model
- AACN's role and organizational response to the Model and its implementation
- Impact of the Model on DNP programs

Implementation of *Model*

- Ongoing discussions by LACE organizations
- Development of electronic network to support implementation of LACE
- 27 organizations have committed to supporting and participating in LACE electronic network
 - Ensure transparent and ongoing communication among LACE entities
 - Provide a platform for the ongoing work
 - LACE not a formal, separate organization
 - Based on social networking principles



AACN's Response to the Model

- Critical to communicate to schools the meaning and implications of the Model
- Support the transitions that will be required
- Work collaboratively with all other LACE organizations to clarify and implement Model
- Providing leadership in the development of the LACE network.

Implications for: APRN Education Programs

- Timeline for education programs to transition is projected to be 2012
- 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

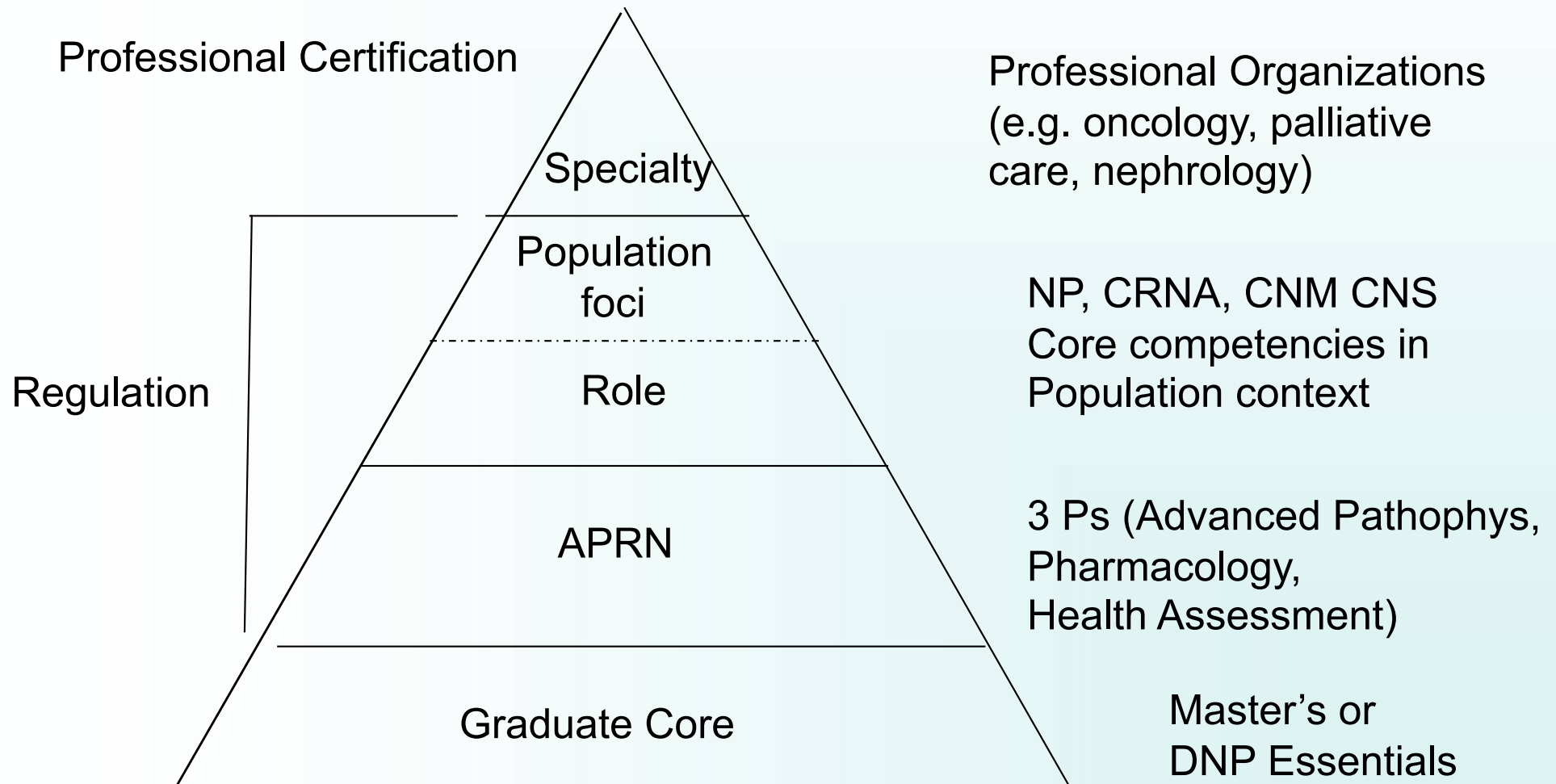


Implications for: APRN Education Programs (cont.)

- Transcript must:
 - Identify APRN role and population focus of the graduate
 - Say that individual completed requirements for a post-graduate certificate in role/population
 - Name the 3 P courses

Building a Curriculum

Competencies





APRN Curriculum

- Graduate Core Competencies (*Master's* or *DNP Essentials*)
- Curriculum must include APRN Core = 3 P's (separate graduate level courses); specific competencies delineated in *Master's Essentials* & *DNP Essentials*

APRN Curriculum (cont.)

- Nationally recognized role competencies (CRNA, CNM, CNS, or CNP)
 - For CNS: New national consensus-based core competencies for CNSs currently out for endorsement (available at <http://www.nacns.org> under educator resources)
 - For CNP: NONPF NP core competencies
 - primary care competencies
 - acute care competencies
- Population-focused competencies for role
- In addition, each role must include preparation across the health wellness-illness continuum
 - *CNS educated and assessed across the continuum from wellness through acute care*

APRN Core

- 3 P's (separate graduate level courses)
 - Advanced physiology/pathophysiology, including general principles ***that apply across the lifespan; (lifespan is defined as prenatal through old age including death).***
 - Advanced health assessment, which includes **all systems** and advanced techniques.
 - Advanced pharmacology, which includes **all broad categories of agents**- not solely for population



Adult-Gerontology Population

- All NP or CNS programs preparing individuals to provide care to the adult or gerontology populations must be prepared with in-depth competencies to care for the entire adult population (young adult thru older adult as well as frail elderly!)
- AACN, led JAHF-funded initiative, to develop Adult-Gerontology Competencies for NPs & CNSs
 - Adult-Gerontology Primary Care NP Competencies
 - Adult-Gerontology CNS Competencies
 - (<http://www.aacn.nche.edu/Education/adultgerocomp.htm>)
 - Adult-Gerontology Acute Care NP Competencies (under development)

All APRNs and Preparation to Care for Older Adult

- Model states that all APRNs in any of the 4 roles providing care to the adult population, e.g. family or gender specific, must be prepared to meet the growing needs of the older adult population
- 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>

Psychiatric/Mental Health CNS or CNP

- Under the new Model, all CNPs or CNSs prepared with a population focus in psychiatric/mental health must be prepared across the lifespan.
- Implementation including what it means to be educated across the lifespan (population-focused competencies) being discussed by APNA and ISPN TF

Specialty APRN Programs

- All programs must prepare graduates to sit for national certification in the role + one population!
- Clinical and didactic coursework must be comprehensive in role + population
- Preparation in a specialty area is ***optional and over and above role + population educational experiences***, e.g. oncology, palliative care, cardiology – these are regulated by the profession & assessed through specialty certification.
- A specialty may not expand the APRN's scope of practice into another role or population focus

Accreditation of APRN 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
- Education program must include 3P's, nationally recognized role and population competencies

National APRN Certification

- All APRNs must be nationally certified by a recognized, accredited certifying body
- Assess APRN core, role/population competencies
- For licensure, individuals must be certified in the role/population which matches education program
- NP certification organizations have stated that all NP programs must meet National TF Criteria (2008) for graduates to sit for certification
- Specialty must be tested separately



APRN Consensus Model & DNP

- Consensus Model complementary to transition to DNP
- DNP part of continuous dialogue
- All certification entities have stated in writing they allow DNP graduates to sit for certification
- Certification bodies have not said when may require DNP except AANA will require DNP for all new applicants in 2025
- All DNP programs preparing APRNs for entry into practice must meet the requirements of the Consensus Model

Resources

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)

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

[APRNReport.pdf](#)

APRN Consensus Model FAQs (8/19/2010)

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

[LACE_FAQ.pdf](#)

For additional information or questions:

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