

# **Alliance for Nursing Accreditation Advanced Practice Nursing Consensus Conference**

**The Melrose Hotel  
2340 Pennsylvania Avenue, NW  
Washington, DC**

**June 9, 2004**

## **Discussion Questions for Working Lunch**

1. What process, be specific, should be used to develop consensus surrounding available advanced practice nursing issues?
  - Some “tasks” given to selected organizations to help resolve their differences/ overlapping agendas to help focus the resolution of problem areas
  - Task force → consensus documents developed → broad review with input accepted only in this format. No organizations to unilaterally issue position statements in opposition to consensus documents → task force continue to process docs through review and input process, similar process to the AP competencies (2)
  - Series of activities- small groups, conversations, email list servs (2)
  - Broad representation from organization, education, stakeholders and employers
  - Summits- every six months- bring together (5)
  - APRN roundtable
  - Alliance
  - Expert panel (2)
  - Small working group, made up of reps of orgs that have majority of APN individuals, educ. Programs, would develop draft consensus statement, then circulated to all orgs represented here. Work would be done electronically initially (6).
  - Succinctly list issues; evaluate who might be affected by issues (4)
  - Disseminate these to every master’s-prepared nurse
  - Through electronic means, gain input from nurses, employers, clients, other health care providers
  - Consensus will NOT happen- compromise may (4)
  - Need to have evidence-based regulation
  - Need out-of-box thinking related to alternatives of recognizing expertise in practice
  - AACN and NONPF provide leadership direction but not speak for others or force outcomes
  - We have prematurely embarked on this issue. We cannot reach consensus on APN issues until we address the basics of RN practice- we need to address routes of entry for registered nursing practice. We need to address the RN scope of practice. If this is done, we can develop consensus on APN issues.
  - Don’t reinvent the wheel. All groups (except one) endorsed the uniform requirements prior to the elimination of the alternative mechanism- just address the alternative mechanism and nothing else.

- Identify stakeholders and involve them. Need to include employers and consumers (8).
- Recognize needs
- Draft positions
- Notice and comment
- Revision
- Adoption
- Determine specific areas where consensus will have value.
- Determine which professional groups want to be considered APRNs
- Principle-based mediation
- Certification exams that are relevant to practice
- What roles are needed?
- Agree where we can, identify disagreements with rationale
- Return to reason for nursing= quality patient care. This is the issue.
- How can you deal with problems on the second story when the basement is faulty?
- Use the services of a non-nursing facilitator to work with CNS, NPs, AACN, APNA, etc (2)
- Move slowly, but move
- Have consistent and same criteria for ALL State Boards of Nursing
- Delphi process of nurses, employers, patients or community (5)
- Pull together groups to collect data on current practice
- Why consensus?
- Ask public, educators, prof. orgs, “What is an APRN?”
- Define goals- Develop a plan to achieve goals; Sell to others
- Determine what fixed positions are not negotiable. Discuss side-by-side proposals. This would help determine the feasibility of determining a process that would accommodate.
- Design and implement a survey statement for agreement (Dialogue, expert panel, survey)
- What are future needs?

## 2. What **specific** advanced practice nursing issues should be addressed through this process and in a Consensus Statement?

- Hours in Ed programs for CNS →NP (within same specialty)
- Faculty requirements for teaching
- Organizational representation of “groups” by several organizations with differing agendas
- Second licensure requirement
- Blended-role programs (single specialty NP and CNS) clinical hour requirements
- Specialty vs. subspecialty and need for generalist exam for public protection; open dialogue about this (3)
- Titling (3)
- Licensure (4)
- Educational preparation (4)
- A group of CNSs taking exception to current trends that will influence their practice-ed requirements, exam requirements
- How do you define scope of Practice vs. RN scope of practice

- Defining characteristics of an APRN- should there be an individual scope of practice for the 4 APN groups (3)?
- Should other mechanisms (other than exams) for documenting competence and thereby as a proxy for credentialing/ licensure (3)
- What is the value of regulating advanced practice for the nurse? (Is it better for community health nurses not to seek advanced practice status?)
- The plethora of groups offering certification exams that will be the basis for “Advanced Practice” designation
- The “Advanced Practice” a codeword for practice that nursing is co-opting from medicine
- Need definitives- esp. RT specialties
- Unique and similar characteristics of each APN group (4)
- Portfolios and other alternative mechanism that are legally defensible
- Role of regulatory boards (3)
- Purpose of certification- specialty/subspecialty (2)
- What do states need to recognize APN practice in their states and make that more unified and uniform.
- Is there a general advanced practice education and scope of practice greater than the RN- if not then APRN is a specialty if not covered under RN license.
- Common nomenclature related to preparation (4).
- Role of voluntary certification and specialization
- Future needs of workplace and populations (3)
- Education ≠ equivalent to competency
- Need to strengthen measurement tools for evaluating competencies directly and then eliminate ALL licensing boards
- Role of federal govt. in making sense out of regulatory snafu
- How can we move toward a standard of practice nationally for advanced practice (NPs and CNSs)- not just a standard license? (2)
- How to get Funders to talk to others and influence the expanding scope of practice (not- fund a new specialty with the expectation that they will influence practice, when they can’t get licensed because it’s “too narrow a scope.”)
- Education and accreditation should be within this group’s purview (3)
- Regulation and licensure issues must be addressed through appropriate channels
- Proliferation of so many subspecialties makes any consensus-building efforts extremely difficult
- APRN roundtable
- Address issues for one voice: Reimbursement, practice, prescribing CNS appears to have muddied the water. Preparation as CNS was described as functioning under current RN license without the need for certification or additional licensure then so be it but if this is not true you cannot function as an NP in this role. One is nursing care the other combines both nursing and medicine
- Consider flexibility for all groups/subspecialties
- Generalist vs. specialist
- Clarify difference b/n “advanced practice” as a regulatory term and advanced expertise in a given role- CNS, administration, case management, etc.
- Focus on clinical practice; additional use of the concept of portfolios, reevaluate the use of certification
- Global concepts- IOM crossing quality chasm
- Uniform title

- Can we actually make changes that will encourage state boards to change?
- Impact of external forces upon decisions
- Support of models that support innovation and growth of the profession.

### 3. What do you see as the most desirable outcome of a consensus-building process?

- Agreement about “boundaries” of regulation, education, licensure, certification (4)
- Room for uniqueness without sacrificing competence (2)
- One voice from nursing regarding advanced practice, including uniform educational requirements. No perceived weakness regarding the importance of prescriptive authority for advanced practice nurses, as this could be devastating for hard-won gains in state NPAs if state medical boards have the idea that infighting among nursing groups will allow them the opportunity to shut down the prescriptive authority of NPs and CNSs as well as unsupervised practice of CRNAs
- Protection of the public by providing the highest quality practitioner, appropriately educated and credentialed to meet the patient’s healthcare needs.
- Clarity on the part of nursing students when choosing a nursing program; no surprises at graduation
- Uniformity among state regulatory boards and easy transfer among practice settings (2)
- Development of a CNS group which performs the same function as the NONPF does for NP programs and certifications orgs.- This is a critical need.
- Consumer understanding of uniformity regarding titles, education, and advanced practice licensure (3)
- If APRNs are certified by their professional organization, with a master’s degree, they can practice in any state
- NCSBN adding alternative mechanism language into APRN compact or drop the APRN compact
- Education of this group about psychometrically sound portfolio- ex. Genetics APN cert.
- Monograph
- Common language, goals to language to leverage nursing advocacy/ profession (3)
- Remove barriers to practice and increase access to care
- Developing the defining characteristics of advanced practice nursing that excludes prescriptive authority
- We will stop fighting amongst ourselves and put our energy toward more constructive activities
- Documentation of agreement to disagree (3)
- A dialogue on the foundation for RN practice. Changes in nursing’s approach to defining scope of practice. Uniformity in nursing approach and dialogue on scopes and boundaries of practice. Clearly address artificial boundaries established by physicians.
- Moving forward to strengthen APNs in the US and stop all this nonsense.
- Defining the problem- agreement on the problem (3)
- Clarify differences in NP and CNS roles
- Speaking of consensus, Why hasn’t NLNAC been invited to be a part of this group?
- Common nomenclature
- Respect for differences (2)

- Knowledge of what is agreed to by what percentage of the stakeholders
- Practice environment concurs with outcome- can't judge just from education perspective
- Less confusion for public about nursing and nurse's scope of practice (4)
- Improved quality of nursing care (3)
- Encourage communication
- A place for practitioners to function within their specialty at the APN level
- A flexible, inclusive statement
- Cut the midwives loose now, then move on
- Greater collaboration
- Acceptance of multiple roles
- Deregulation- let the profession regulate self as medicine does.
- Streamlining/simplifying regulations, reduce expenses