Summary of APRN Joint Dialogue Group Report
Prepared for American Psychiatric Nurses Association

Background

- Early 2000's brought increasing interest from national leadership groups to develop greater consistency, cohesion, and consensus around APRN licensure, accreditation, credentialing, and education.
    - NCSBN APRN Advisory Panel developed a vision paper to assist state boards of nursing to resolve regulatory issues and concerns including the proliferation of specialties.
- In 2004, American Association of Colleges of Nursing (AACN) & National Organization of Nurse Practitioner Faculty (NONPF), through a proposal to the APRN Alliance (formed in 1997 by AACN), embarked on a process for developing consensus on credentialing of APRNs. Ultimately, this lead to the formation of the APN Consensus Work Group to address these issues.
- In 2006, a subgroup of the APRN Consensus Work Group and the National council of State Boards of Nursing (NCSBN) APRN Advisory Group formed as the APRN Joint Dialogue Group. This provided the opportunity to work in tandem to discuss areas of agreement and disagreement leading to the dissemination of one joint paper, the APRN Joint Dialogue Group Report providing future direction for advanced practice register nurses.
- On July 7, 2008, release of the **Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (endorsed by APNA Board October 2008.**

Goals of the Consensus Process

- Strive for harmony & understanding in the APRN regulatory community.
- Develop a vision for APRN regulation, including licensure, accreditation, certification, and education (LACE).
- Establish a standard that protects public, improves APRN mobility and improves access to care.
- Produce a document that reflects consensus on APRN regulatory issues.

Focus

- Regulation including issues related to education, accreditation, certification, & licensure of APRN's (Certified Nurse Midwife, Certified Nurse Anesthetist, Certified Clinical Nurse Specialist, and Certified Nurse Practitioners). **The focus is on those advanced practice nurses who focus on direct patient care.**
- Acknowledges the important roles and contributions of other nurses with graduate degrees whose practice is not dependent on regulatory recognition, thus not the focus of the regulatory model in this paper.
- Defines APRN-and the four roles and title considerations
    - Graduated from an accredited graduate nursing program.
    - Passed a national certification exam and maintains certification.
    - Advanced clinical knowledge and skill for provision of direct patient care.
    - Built on competencies.
    - Prepared to assume responsibility and accountability for health promotion/maintenance, assessment, diagnosis, management of clinical problems.

The Model

- For licensure
  -Any APRN would be prepared, certified & licensed for practice in a role (CNS or NP) and a population (PMH). This would define the scope (and limitations) of practice.
- Specialty preparation would build on the APRN role & population focus, i.e., substance abuse, child, severe chronic illness, women, sleep, mood, community mental health
  -does not expand one's role or population
  -provides greater focus
  -would not fall under regulatory process but would be determined by professional groups
  -would provide flexibility to move with the needs of the population (PMH).

Options Considered for PMH (There was careful consideration of the possibilities for advanced practice psychiatric mental nursing with input from various groups and people—specifically from the APNA Board and the APNA Advanced Practice Council Steering Committee)

- A New Role
  -Would require vetting of new role among all national and state regulatory organizations.
  -Would require vetting of new role among all third party reimbursers.
  -Would require creating a new title, identity and recognition by the public, clients, other health and mental health professionals
  -Would require creation of competencies, perhaps new affiliations or creations of new organizations
  -Would require creation of new certification exams

- As a Specialty
  -Would first be educated, certified and licensed in a role (CNS or NP) and a population (Family/Lifespan, Gender, Adult/Gerontology, Pediatrics, Neonatal).
  -Then one could chose the specialty of PMH

- As a Role and Population
  -Would create a foundation for practice as an advanced practice psychiatric nurse with a role as CNS or NP and a population focus of psychiatric-mental health.
  -Is consistent with the trends in education and certification.
  Would increase workforce for psychiatric-mental health services in underserved areas where the APRN-PMH is the only mental health person in the area.
  -Would support life span continuity and movement among age groups with mental health needs. Ex. Someone who sees adolescents could follow them into young adulthood. Someone who sees the nineteen-year-old brother could see the younger sister.
  -As a population-focus, the profession would determine needed specialties and what would constitute acquisition of that knowledge and skill.
  -Maintains existing identities, titles, competencies, and supports.

APNA Recommendation (in principal)—advanced practice psychiatric nurse would be prepared in a role (CNS or NP) and a population (persons across the lifespan with psychiatric- mental health needs).

- Workforce needs (Annapolis Coalition)
- APNA/ISPN Child and Adolescent Taskforce Report
- Current trends in testing ANCC Report
- Advance Practice Steering Committee recommendation
- Recognition of need for support for educational programs/faculty development

Recommendations for LACE Structure and Process & Timeline for Implementation

1. Create a structure and process that promotes continuing communication among regulatory organizations including state boards of nursing, accrediting bodies that accredit programs for the four APRN roles, certifying bodies that offer APRN certification for regulation, and educational organizations that set standards for APRN education.
2. Implementation of the recommendations for APRN Regulatory Model will occur incrementally with completion by 2015.
3. Plan for implementation to be developed by August 2009.