



**POSITION STATEMENT:
LACE IMPLEMENTATION**

APNA Board of Directors Endorses APNA / ISPN Joint Task Force Recommendations on the Implementation of the “Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education”

Summary

The American Psychiatric Nurses Association (APNA) and the International Society of Psychiatric Nurses (ISPN) convened a Joint Task Force to review the “Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education” and make recommendations on changes needed to position psychiatric-mental health nursing (PMHN) to be in compliance with the new model. This resulted in a presentation at the 24th Annual Conference to the membership in October 2010 and subsequently distribution of the recommendations to the entire membership for comment. The APNA Board of Directors adopted the report as the official position of the APNA. The following provides information regarding the Consensus Model and the APNA/ISPN recommendations.

Introduction

There is general agreement among nurses and nursing organizations that the system of licensure, accreditation, certification and education for advanced practice registered nurses is confusing. There is an absence of uniformity that impedes nursing’s advancement as a profession and its ability to meet the emerging changes of the healthcare system. The need to ameliorate this cadre of problems associated with the inconsistency of rules, policies and standards gave way to the development of the “Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education ” The model has been adopted by over 44 national nursing societies as well as national accrediting and certification bodies such as the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), and the American Nurse Credentialing Center (ANCC). The National Council of State Boards of Nursing (NCSBN) which is comprised of directors from state boards of nursing is fully committed to its implementation.

APNA has participated in the development of the Consensus Model. It embraces the model’s goals and stands with our colleagues in nursing in support of the model. However, the APNA Board of Directors also understands that PMH-APRNs are comprised of four separate certifications. APNA has and will continue to advocate that the plan’s implementation move forward in a manner that does not compromise existing licensed and certified PMH-APRNs, now or in the future.

To that end, it convened a special task force in partnership with ISPN to study the Consensus Model and make recommendations for its implementation. Those recommendations were presented by the Task Force at the APNA 24th Annual Conference and were made part of the APNA website. These recommendations are directed at the future development of PMH-APRNs.

An essential aspect of the recommendations is the recognition that currently licensed and certified PMH-APRNs are qualified now and that their ability to practice in the future is protected by a grandfathering provision. The Consensus Model calls for each State Board of Nursing to **“institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.”**

Furthermore, the NCSBN in its APRN Model Act/Rules and Regulations Approved August 2008 defines Grandfathering: **“Grandfathering’ means: Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.”**

Grandfathering is based on the ability of the APRN to show current certification. ANCC’s *current* policy is to continue to offer nurses, including APRNs, with a current ANCC certification the ability to renew their certification through professional development and practice hours even when a certification examination is retired.

The area that will see the immediate impact of the recommendations is in the graduate schools of nursing. Since 2000 and the introduction of the PMH-NP exam and then the PMH-Family NP examination, programs have been migrating toward an NP platform. In 2009 (2010 data is not available), 85% of all new PMH-APRN certificates have been PMH-NP. The APNA / ISPN recommendations recognize that this migration is not complete. APNA and ISPN will be advocating that existing faculty be provided a reasonable time frame to effect a smooth transition. APNA believes that PMH-APRNs share a common scope of practice and that existing faculty have the required competencies to continue in their role. There is a recognition that current criteria for accreditation must take this into consideration and a dialogue is in process to suggest modification to accommodate the change in program focus and faculty qualifications.

The recommendations promote a uniform approach for entry to practice so that PMH-APRNs will have the full scope of practice to address mental health and psychiatric needs across the lifespan. Post masters certificates in specialized areas, such as child and adolescent, can lead to additional certification but under the Consensus Model there would be no need for additional licensure in the specialty area.

APNA/ISPN Recommendations for Implementing APRN Consensus Model

1. That there will be one entry educational focus for the future: PMH NP with preparation across the lifespan, addressing mental health promotion and mental illness diagnosis and treatment.

2. That currently licensed and certified PMH APRNs who demonstrate their competency by continuing re-certification will be permitted to continue practicing under their current license and certification.
3. That didactic curriculum content address the assessment and diagnosis, age-specific interventions, and mental health needs and issues across the lifespan. This includes the three P's (advanced pharmacology, physical assessment, physiology/pathophysiology) and the PMH specific content, including psychotherapeutic modalities (the fourth P).
4. That during supervised practica, students will provide psychiatric mental health services across the lifespan.
 - o An essential outcome of educational preparation is demonstration of entry level competence in psychotherapeutic modalities.
 - o In addition to prescriptive practice, PMH APRNs must be prepared in multiple psychotherapy modalities to meet the needs of individuals and families, including group therapy.
5. That in addition to traditional mental health settings, clinical experience in various settings is encouraged for the purpose of promoting integrated and collaborative healthcare.
6. The minimum number of clinical hours will need to be sufficient for entry level competence across the lifespan.
7. That graduates be eligible for the certification examination through the role of APRN-PMH NP. After certification and appropriate state credentialing, graduates will be able to provide psychiatric mental health services across the lifespan.
8. That in recognition of the substantial changes that the implementation of the Consensus Model will have on psychiatric mental health nursing, a reasonable amount of time to successfully initiate and complete the transition is required.
9. That APNA and ISPN convene a coalition on advanced practice education.

Approved by the APNA Board of Directors February 18, 2011; Reviewed by the APNA Board of Directors February 20, 2020.