Update on the Implementation of the Consensus Model for APRN Regulation
March 2015

The APRN LACE Network continues to meet monthly via teleconference using the LACE network site administered by AACN. Shyloe Jones, Education Policy Administrative Assistant, has assumed responsibility for the day to day administration of the site. Twenty-eight organizations continue to support and participate in the network.

The target date for full implementation originally cited in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008) is December 31, 2015. As this date approaches, LACE members are assessing the state of implementation and the implications for schools not in alignment. A brief overview of the most recent activities, resources, and discussions are presented below.

The NCSBN Executive Board approved *Guidelines for Grandfathering APRNs by Endorsement* (https://www.ncsbn.org/Grandfathering_Guidelines_%283%29.pdf). This document provides recommended guidelines for state boards of nursing in developing regulations/rules for endorsing APRNs who were educated and/or certified prior to the implementation of the Consensus Model (CM) and who are seeking licensure to practice in that state. In developing the guidelines, input was sought from the LACE members by NCSBN; one area of deviation from the final approved guidelines exists. APRNs who have a graduate degree in an APRN role and hold national certification in a specialty only (not in one of the 6 recognized populations) would not automatically be grandfathered. The rationale for this is that some specialty certifications do not require graduate education and are not solely for APRNs. NCSBN leadership felt that endorsement of these individuals should be handled on an individual basis and that state boards could and would most likely decide to endorse individuals who held national certification that did meet these other criteria. The most notable example would be those individuals who hold certification as an Oncology NP or CNS.

One of the most frequently asked questions continues to be primarily from employers who wish to clarify if FNPs or other primary care NPs can be hired to work in an acute care setting. The intent of the CM was not to disenfranchise currently practicing APRNs; rather the goal was to put in place a regulatory model that would bring education, certification, accreditation, and licensure into alignment moving forward. Also, the CM clearly states that the decision about whether an individual can practice in a particular setting should not be based on the setting but rather on the needs of the patient and the education/certification of the APRN. The LACE Network, facilitated by NONPF, developed a document titled *Statement for Employers on Primary and Acute Care CNPs* (2013) (http://www.login.icohere.com/LACE), which provides guidelines and exemplars for employers and others making these decisions.

Over the past year the LACE Network has started to assess where the nursing community at large is regarding CM implementation and what outstanding or new issues exist related to the implementation. In April 2014, NCSBN held a national meeting to discuss the state of

implementation from the education, certification, accreditation, and licensure perspectives. The final report from that meeting, *Implementation Update and Gap Analysis* (NCSBN, 2014), can be accessed at http://login.icohere.com/connect/d_connect_itemframer.cfm?vsDTTitle=Implementation%20Update%20%26%20Gap%20Analysis&dseq=11071&dtseq=92695&emdisc=2&mkey=public935&vbDTA=0&viNA=0&vsDTA=&PAN=1&bDTC=0&blog=0&vsSH=A.

More recently, questions have been raised regarding a number of issues that pose potentially serious implications for new APRNs, particularly those who will be graduating after December 2015. These questions/concerns include:

- What is the number of schools or APRN programs that are not in full alignment with the CM (i.e. do not require three separate APRN Core courses; have not transitioned all P/MH APRN programs to a P/MH across the lifespan NP program; have not transitioned all adult and gero NP and CNS programs to Adult-Gerontology Primary Care NP, Adult-Gerontology Acute Care NP, or Adult-Gerontology CNS programs). The attached tables show the number of programs reported in the *2015 AACN Enrollment and Graduation Report* that appear to not be in alignment with the CM.
- The number of states that have passed legislation or rules that fully adopt the CM and require states to enforce after a specific date. This may preclude graduates coming out of these programs after that date from being licensed in states now or in the future. (NCSBN is conducting an analysis of current and pending state regulations and will be disseminated when available.) In addition the APRN Compact requires states to be in alignment with the CM; APRNs who do not meet all CM requirements and are licensed in a Compact state would not be eligible to practice in any other compact state except through individual licensure.
- Extension of certification eligibility for new graduates and those not currently certified to allow them to sit for previous certifications, but may not cover them for licensure in all states.
- Graduation from programs that have not been accredited, i.e. post-graduate certificate programs, or new programs that have not been pre-approved.

A one-day LACE meeting is scheduled for March 27, 2015 in the AACN office to focus on these issues, but more importantly to discuss what data is needed, what communications need to be developed, what are the targeted audiences, and what other actions can be taken by the LACE organizations to prevent graduates from being disenfranchised.

Programs Not Aligned with Consensus Model for APRN Regulation December 2014

Master's Level NP Programs

Clinical Track/National Certification Exam	Number of Schools	Student Enrollment Fall 2014 (FT & PT)	Graduations August 2013 – July 2014
Adult NP	26	570	242
Gerontology NP	5	1	4
Adult Acute Care NP	12	119	109
Adult Psychiatric/MH NP	12	235	144
Totals:	**55**	**925**	**499**

(AACN and NONPF©, 2015)

Post-Baccalaureate DNP Programs

Clinical Track/National Certification Exam	Number of Schools	Student Enrollment Fall 2014 (FT & PT)	Graduations August 2013-July 2014
Adult NP	6	8	5
Adult Acute Care NP	4	73	11
Adult Psychiatric/MH NP	3	21	0
Totals:	**13**	**102**	**16**

(AACN and NONPF©, 2015)

Master's Level CNS programs

Clinical Track/National Certification Exam	Number of Schools	Student Enrollment Fall 2014 (FT & PT)	Graduations August 2013-July 2014
Acute and Critical care CNS - Adult	16	211	84
Community Health CNS	8	59	27
Gerontology CNS	2	36	8
Adult Health CNS	33	261	105
P/MH CNS - Adult	5	2	5
No National CNS Certification Exam	9	49	21
Totals:	**73**	**618**	**250**

(AACN and NACNS©, 2015)