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To: The Editors of the American Journal for Nurse Practitioners


This article identifies important aspects of the July 2008 “Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education,” and their potential effect on the practice of nurse practitioners (NPs). However, in the process the authors frequently equate APRN with NP and thus have inadvertently made several incorrect statements about certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs).

1. Table 1 poses the question, "Do you have an MSN degree?" and states further that "An MSN is required to sit for national board certification examinations and will be required by all states through the Model Act" (p. 16). This statement is incorrect. The Consensus Model specifically calls for "formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation" (Consensus Model, p.10). This careful language reflects the fact that several midwifery education programs and currently more than 40 percent of nurse anesthesia education programs do not reside in schools of nursing and confer graduate degrees from the broader university and/or in health-related areas other than nursing. If state boards of nursing were to require all APRNs to have an MSN, many CNMs and CRNAs would be unable to practice--clearly not the intent of the Consensus Model.

2. The article also states that "a minimum of 500 graduate-level, supervised clinical hours in the role and population focus are required for national certification" (pg. 16). Although this set number of clinical hours may be required for NP and clinical nurse specialist (CNS) certification, this is not the case for midwifery or nurse anesthesia education or certification. Midwifery and nurse anesthesia education are competency-based and thus not based on completion of a specific number of clinical hours. Accredited nurse-midwifery education programs require that students demonstrate attainment of clinical competence in the wide
variety of specific skills, procedures, and management decisions included in their
defined scope of practice and reflected in the Core Competencies for Basic
Midwifery Practice. Students in nurse anesthesia programs must meet or exceed
requirements for specific case numbers and types of clinical case experiences as
defined by the Council on Accreditation of Nurse Anesthesia Educational
Programs. Accordingly, the Consensus Model does not require a specific number
of clinical hours; rather, it calls for APRN education to "ensure clinical and
didactic coursework is comprehensive and sufficient to prepare the graduate to
practice in the APRN role and population focus" (Consensus Model, p. 10).
Although most midwifery and nurse anesthesia students attain far more than
500 hours of clinical experience during their graduate education, it would be
erroneous to state that these hours are a requirement for their national
certification.

While a goal of the Consensus Model is to align the foundational requirements for
the education of CNPs, CNMs, CRNAs, and CNSs, it does not standardize all
requirements. It is important to clarify the differences between each of these four
roles in order to honor the very careful process to which the APRN community has
been committed in developing the Consensus Model.

Sincerely,

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