

ACNM LACE Stakeholders Teleconference

Tuesday, August 4, 2009
5:00 – 7:00 p.m. Eastern Time

Hosted by ACNM
Facilitator: Elaine Germano, CNM, DrPH
ACNM Education Projects Manager



Agenda & purpose of today's teleconference

- Provide brief overview of Consensus Model for ARPN Regulation
- Describe recommendations for implementation and next steps, including LACE structure
- Discuss Q & A about the Model and the LACE structure
- Identify next steps for midwifery community of stakeholders

Format for today's call

Participants may ask questions live at specified time and/or submit questions electronically at any time to: [laceqa@acnm.org](mailto:lanceqa@acnm.org)

Questions, as time permits, will be addressed verbally during the call; all others will be responded to electronically

The individual asking the question should identify her/his name and role within ACNM

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, Education (LACE)

- Model available at:
<http://www.aacn.nche.edu/education/pdf/APRNReport.pdf>
- Developed over 4 years by a consensus group including representation by ACNM
- Endorsed by 44 national nursing organizations, including ACNM, AMCB, and ACME

Reasons for an APRN Model

- Promote common definitions related to APRN roles
- Establish a set of standards that protect the public and improve access to safe, quality APRN care
- Improve mobility for APRNs state to state
- Strive for harmony and common understanding in the APRN regulatory community

Basic Assumptions of the Model

- Recommendations must address current issues facing the APRN community
- The ultimate goal of accreditation, education, licensure and certification is to promote patient safety and public protection
- Model must be forward looking and do no harm

The importance of the model to the midwifery community

- CNMs are licensed by Boards of Nursing in 38 states and the District of Columbia
- CNMs are educated in Schools of Nursing in 35 of our 38 educational programs
- Many of the recommendations in the model will be helpful to us professionally
 - Insistence on “independent practitioner”
 - APRN advisory committee for each BON

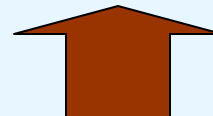
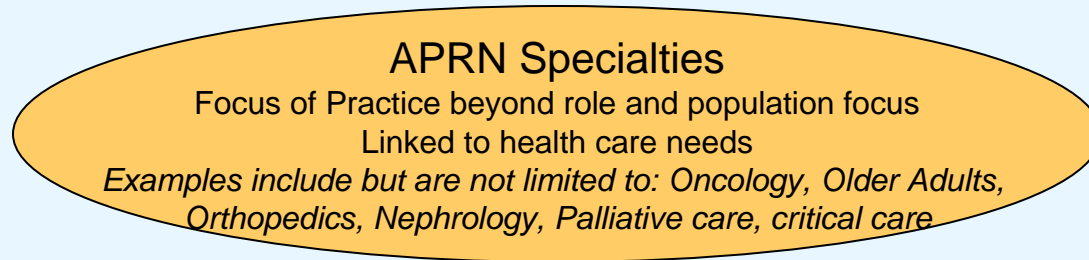
Highlights of the Model

- Provides common definition of an APRN as someone who:
 - Has completed graduate education leading to the role of CNM, CRNA, CNS or NP
 - Has acquired advanced clinical knowledge and skills to provide direct care to individual patients
 - Is prepared to assume responsibility and accountability for use and prescription of pharmacologic and non pharmacologic interventions

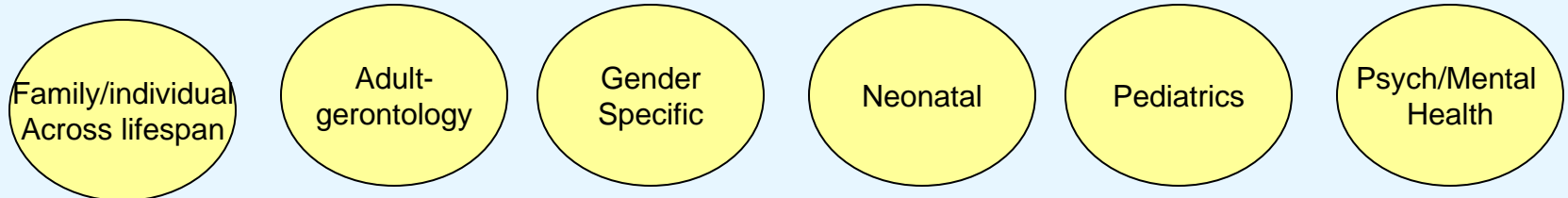
Highlights of the Model (continued)

- Establishes basic criteria for APRN education programs:
 - Graduate or post graduate certificate awarded by accredited academic institution
 - Have pre-approval, pre-accreditation or accreditation
 - Prepares graduate in one of four roles
 - Prepares graduate in at least one of the population foci (see graphic next slide)
 - Includes at least three separate comprehensive courses—3 Ps (physiology/pathophysiology, physical assessment, pharmacology)
 - Provides basic understanding of decision-making principles

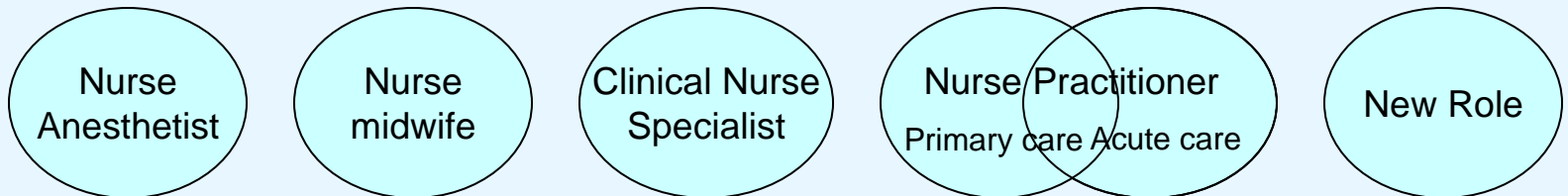
APRN Regulatory Model



POPULATION FOCI



APRN ROLES



Licensure at levels of role and population foci

Recommended Implementation Strategies

- Four prongs of regulation (licensure, accreditation, certification, education) must work together
- Future structure proposed to maintain communication across all four groups and among all APRN roles
- Foundational requirements for each regulatory group recommended:

Requirements for Boards of Nursing

- License in one of four roles with a population focus
- Be solely responsible for licensing (except for states where boards of nurse-midwifery or midwifery regulate nurse-midwives and midwives)
- Only license graduates of accredited programs
- Not issue a temporary license
- Only license an APRN when education and certification are congruent

Requirements for Boards of Nursing (Continued)

- License APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision
- Allow for mutual recognition through compact
- Have at least one APRN representative on Board and have an advisory committee including all four roles
- Institute a grandfathering clause

Requirements for Accreditors

- Evaluate APRN graduate degree and post-graduate certification programs
- Assess APRN programs in light of the core, role and population competencies
- Review developing programs for pre-approval, pre-accreditation, or accreditation prior to student enrollment using established accreditation standards
- Include an APRN on-site visiting team
- Monitor APRN programs throughout accreditation period

Requirements for Certification Agencies

- Follow established certification testing process for psychometrically sound, and legally defensible standards
- Assess APRN core and role competencies across at least one population focus
- Assess specialty competencies if appropriate separately from the APRN core, role and population focus
- Be accredited by a national certification accreditation body
- Enforce congruence between educational program and type of certification
- Provide a mechanism to ensure ongoing competency
- Participate in mutually agreeable mechanism to ensure communication and transparency with BON and schools

Requirements for Education

- Follow established educational standards and ensure attainment of core, role and population competencies
- Be accredited
- Be pre-approved, pre-accredited, or accredited prior to acceptance of students
- Ensure graduates are eligible for national certification and state licensure
- Ensure transcript specifies role and population focus of graduate

Beyond the Document

- How to facilitate implementation without developing another institution
- Readings which informed the group's thinking:
 - Brafman, O., and Beckstrom, R. (2006). *The Starfish and the Spider: The unstoppable power of leaderless organizations*. New York: Penguin Group.
 - Godin, S. (2008). *Tribes*. New York: Penguin Group.
 - Maeda, J. (2006). *The Laws of Simplicity*. Cambridge: MIT Press.

What is LACE?

- Social “working” network to maintain and extend communication, transparency, understanding among LACE entities as implementation of Model occurs – built on social networking principles.
- Goal is not to dictate outcomes or create another organization with authority
- LACE electronic network is to be flexible, provide timely communication & facilitate discussion within and among entities

LACE MISSION

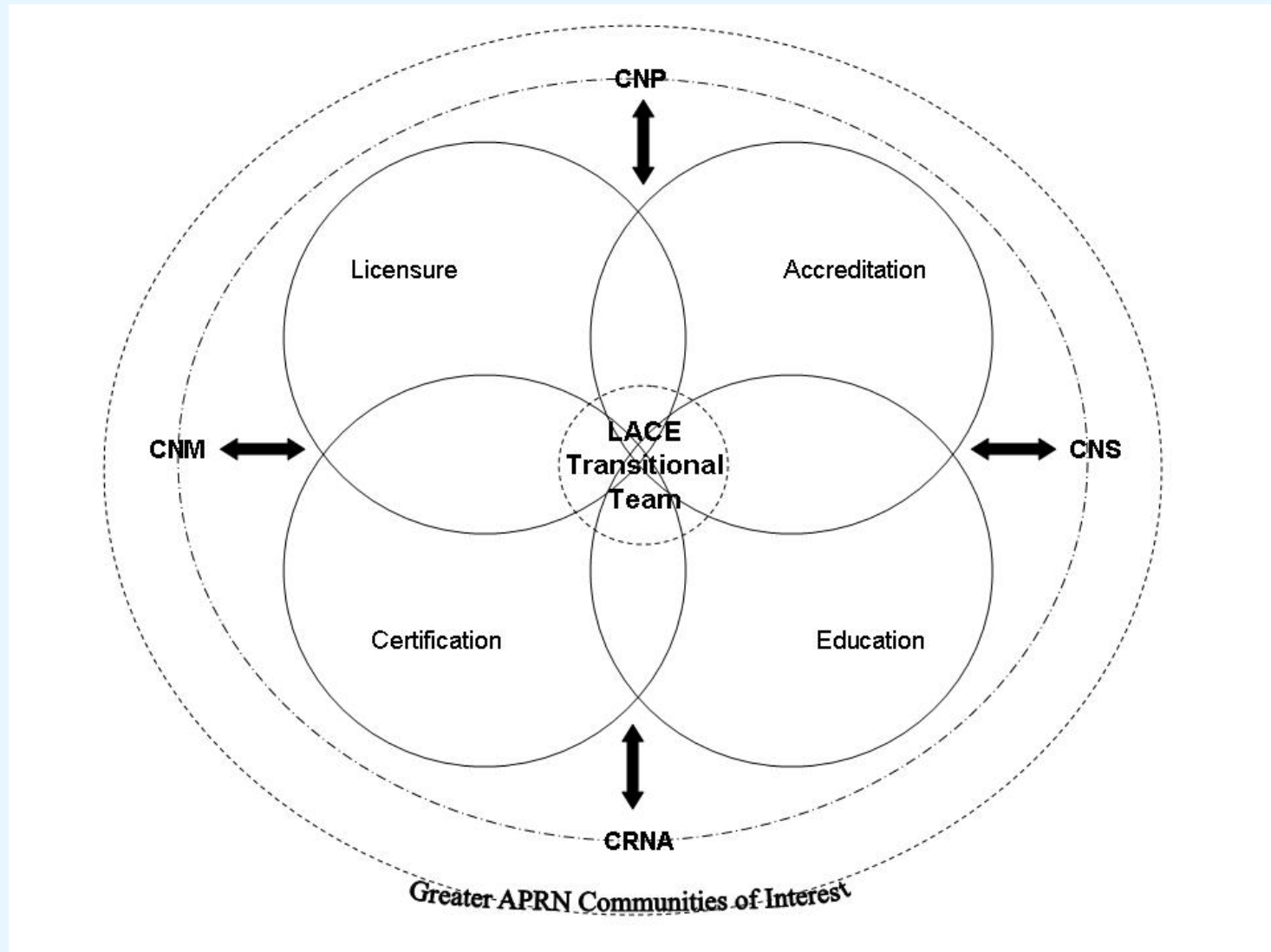
- Maximize congruence among licensure, accreditation, certification, and education to enhance the capacity of APRNs to deliver safe and effective care. (consensus 12/2008)

LACE FUNCTIONS

- Lead the rapid implementation of the APRN consensus model
- Monitor and evaluate the progress toward implementation and its impact
- Adapt the APRN consensus model in response to changing environments
- Synchronize the mutual efforts of the LACE entities and relevant APRN stakeholder groups
- Serve as an authoritative resource on APRN LACE issues and emerging trends

(consensus 12/2008)

Graphic Representation of the LACE Structure (consensus 12/2008)



ACNM's role in this structure

- Continue to monitor and participate in the APRN LACE structure to ensure representation for midwifery stakeholders
- Facilitate communication among all LACE stakeholders in the midwifery community
- Facilitate implementation of Model recommendations within midwifery and between midwifery and APRN groups

Questions?

Next Steps for Midwifery Community

- Each midwifery entity to analyze gaps, if any, in our accreditation, certification, and education processes in light of the APRN Model
- Establish midwifery LACE points of contact (POCs) + mechanism for ongoing communication
- Set timeline for reporting back
- Discuss process for monitoring state licensure changes and who will do what