



APRN Consensus Model: Frequently Asked Questions for ACNM Members

This document is intended to answer questions that ACNM members have about the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. It will be updated as additional questions arise. The full Consensus Model document can be found at http://www.midwife.org/siteFiles/legislative/Consensus_Model_for_APRN_Regulation.pdf.

1. Why was the APRN Consensus Model developed?

Because of the expansion in numbers, types, and capabilities of Advanced Practice Registered Nurses (APRNs) in the past several decades and because of the integral part these professionals play in the current health care system, the education, accreditation, certification and licensure of APRNs need to be effectively aligned in order to both ensure patient safety and expand patient access to APRNs. The lack of a common definition of the APRN, a proliferation of nursing specializations, debates on appropriate credentials and scope of practice, and a lack of uniformity in state regulations have limited the ability of patients to access APRN care. The Consensus Model seeks to address those problems.

2. Who developed the Consensus Model?

The document was completed through the collaborative work of the APRN Consensus Workgroup and National Council of State Boards of Nursing (NCSBN)¹ APRN Advisory Committee with extensive input from a much larger APRN stakeholder community. A complete list of all the organizations that took part is found on pages 29-39 of the report.

3. How is the role of APRN defined?

The document provides a detailed definition of an APRN (pp. 6-8). There are four APRN roles defined in the document (pp. 7-8):

- certified registered nurse anesthetist (CRNA)
- certified nurse-midwife (CNM)
- clinical nurse specialist (CNS)
- certified nurse practitioner (CNP)

4. Why is the APRN Consensus Model called a regulatory model?

The APRN Consensus Model is called a regulatory model based on the broad definition of regulation. According to *Webster's Dictionary*, regulation is defined as 'the control according to rule, principle or law.' For the APRN Consensus Model, this includes those entities that control the development and maintenance of the APRN such as nurse educators, certifiers, and regulators. It also includes the accreditors of nurse education programs.

¹ NCSBN (www.ncsbn.org) is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of licensure examinations for nursing.

5. What is LACE?

LACE is proposed as a communication mechanism to include organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation. LACE is intended to be a transparent process for communicating about APRN regulation issues, facilitating implementation of the APRN regulation model including more ease in moving and practicing from state to state, and involving all stakeholders in advancing APRN regulation. The proposed communication mechanism referred to as LACE includes the possible development of a specific electronic communication network for all stakeholders as well as face-to-face meetings of representatives of all APRN stakeholders.

6. Are LACE and the APRN Consensus Model the same thing?

No. The APRN Consensus Model is a document that stands alone as a product of the work done jointly by the NCSBN APRN Advisory Committee and the APRN Consensus Group. LACE is broader in nature as a mechanism to include all interested stakeholders representing the components of APRN licensure, accreditation, certification and education in ongoing communications.

7. Does the Consensus Model apply to CMs?

No, the Consensus Model only applies to CNMs, CRNAs, CNPs and CNSs. However, it is possible that if CMs are licensed by Boards of Nursing in some states in the future, the regulations that apply to CNMs would most probably also apply to CMs.

8. Does the Consensus Model apply to CNMs who are not licensed by State Boards of Nursing?

Yes; because the Consensus Model recommends guidelines for accreditation, certification and education as well as licensure, it has implications for all CNMs. Most licensing boards require certain credentials for licensure, such as attainment of an educational degree in the specified profession, graduation from an accredited program and/or evidence of a national certification credential. Since CNMs are regulated by Boards of Nursing in 43 states plus the District of Columbia (this includes 5 states in which they are jointly regulated with Boards of Medicine), midwifery education programs will want to comply with the recommendations in the Model so that their graduates may practice in any state. Also, if a CNM moves from a state in which s/he is regulated by a regulatory body other than nursing to one of the 44 jurisdictions where CNMs are regulated by boards of nursing, s/he will be required to comply with the licensing laws in that jurisdiction.

9. What will happen to CNMs in states where they are regulated by Boards of Medicine or Departments of Health?

Currently, CNMs are regulated by Boards of Nursing in 38 states plus the District of Columbia, jointly by Boards of Nursing and Medicine in five states, by Boards of Medicine in two states, by Departments of Health in three states, and by Boards of Midwifery or Nurse-Midwifery in two states. Changes made in the laws and regulations of other licensing boards will be determined on a state by state basis and should be made with the active involvement of the CNMs and CMs practicing in the given state. The Consensus Document has no authority over other licensing boards, and in fact, has no authority over Boards of Nursing. The document is merely what it affirms itself to be: a consensus *model* for APRN regulation.

10. Should those five states in which CNMs are not regulated by nursing or midwifery consider developing Boards of Midwifery?

Any state may develop new licensing or regulating boards. Such decisions are sometimes made according to financial considerations, such as states putting several professions under one licensing agency in order to decrease costs. Often the creation of new boards is instigated by the professionals who wish to have a different regulatory authority. The changes that are presently underway in the regulations governing APRN licensure in many states and the current development of ACNM state affiliates might provide an opportunity for midwives to explore initiation of boards of midwifery in their states.

11. If the APRN's legal title is APRN plus role, will I need to identify myself as "APRN CNM"?

You may always identify yourself as a midwife, a certified midwife, a certified nurse-midwife, or whatever term you normally use when interacting with clients and/or the general public. Currently CNMs are officially licensed as APRNs in nine states plus the District of Columbia and as "APN", Advanced Practice Nurse, in twelve states. Other titles, such as Advanced Registered Nurse Practitioner, Advanced Practice Professional Nurse, among others, are currently in use for the licensing of CNMs. Some CNMs are already using these other titles as part of their signature and many are not. This particular recommendation of the Consensus Model is meant to restrict the use of the title APRN to only those individuals who meet the definitions of the four specific roles of CNM, CNP, CNS and CRNA and to offer uniformity in title so that APRNs may more easily be recognized by licensing bodies from state to state. It is not meant to restrict a CNM from identifying her or himself as a midwife.

12. How do LACE and the APRN Consensus Model relate to the DNP or other clinical doctoral degrees?

The APRN Consensus Model defines an APRN as a "nurse who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles" (pg.6) and refers to the requirement of the awarding of a graduate degree or post-graduate certificate. *The Model does not require the DNP or any other specific degree for entry to APRN practice.*

13. Does the Consensus Model require a graduate degree in Nursing?

No, the Consensus Model specifically states that "APRN education must be 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 (USDE) and/or the Council for Higher Education Accreditation (CHEA)" (pg 10) Any midwifery education program that is accredited by the Accreditation Commission for Midwifery Education (ACME), which is itself recognized by the USDE, meets this requirement; thus any degree conferred by an ACME-accredited program should be recognized for licensure by state boards of nursing. There seems to be frequent misinterpretation by licensing boards of this recommendation because many nurse practitioners must have a graduate degree in nursing in order to take their national certification exams. ACNM has referenced this language from the Consensus Model in a letter that will be sent to all states that currently require the MSN to request that the Boards of Nursing in these states *not* require such a degree. Access the letter at: http://www.midwife.org/siteFiles/legislative/Sample_letter_to_Regulatory_Board.doc.

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