February 3, 2010

To: The Editors of the American Journal for Nurse Practitioners

Re: The article by Boland BA, Treston J, Weill VA, and O'Sullivan AL, "Are You Ready for the Consensus Model? Implications of the Model Act on NP Practice," November/December 2009, Vol. 13, No. 11/12, pgs 10-21.

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).

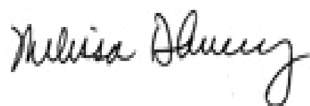
1. Table 1 poses the question, "Do you have an MSN degree?" and states further that "An MSN is required to sit for national board certification examinations and will be required by all states through the Model Act" (p. 16). This statement is incorrect. The Consensus Model specifically calls for "formal 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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