



Janet Napolitano
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

ADVANCED PRACTICE COMMITTEE MINUTES April 13, 2007

MEMBERS PRESENT:

Theresa Crawley, CRNA, MSHSAr Co-Chair
Denise G. Link, DNSc, WHCNP Co-Chair
Martha Carey-Lee, MS, FNP-C
Nancy Denke, MSN, FNP
Carol Harrigan, MSN, NP
Judy Hileman, Psych/MHNP, MS, FNP
Jane E. Lacovara, RN-BC, MSN, CNS
Anita Martinez, MS, CNM
Marianne McCarthy, PhD, RN
James Mitchell, MS, MBA, NP, Psych/MHNP
Agnes Oblas, MSN, ANP
Donald Pierce, MSN, FNP
Linda Pierce, MA, MSN, GNP, WHCNP

MEMBERS ABSENT:

Jennifer Brodie, MS, CPNP
Nancy Cisar, MSN, CNS
Regina Deringer, MS, FNP
Debra Duarte-Anderson, MS, Psych/MHNP
Elizabeth Gilbert, RNC, MS, FNP
Claretta Munger, BSN, MSN, CPNP
Sally Reel, PhD, FNP
Mel Stradling, CRNA

BOARD STAFF ATTENDING:

Karen Grady, MS, RN, FNP, BC, AP Consultant

1. GREETING

The Advanced Practice Committee was called to order by Theresa Crawley at 9:41 a.m. Crawley welcomed the members to the new Board offices and invited them to introduce themselves.

2. APPROVAL OF MINUTES

Lacovara moved and D. Pierce seconded to approve the May 5, 2006 Advanced Practice Committee meeting minutes without correction. Motion carried unanimously.

Mitchell moved and L. Pierce seconded to approve the July 14, 2006 Advanced Practice Committee meeting minutes without correction. Motion carried unanimously.

3. OLD BUSINESS

A. NP Summit Follow-Up

Grady provided a report on the Nurse Practitioner Summit held on Friday, September 29, 2006 at Rio Salado College. Grady stated that the Nurse Practitioner Summit was well attended with a total number of participants of one hundred and fifty-four (154). Feedback was positive. Participants completed evaluation forms that rated the summit's overall goals and objectives. Evaluation analysis indicated that the overall goals and objectives were rated, on a scale of 1-5, with means between 4 and mid-4. Speakers and discussion leaders were also rated between 4 and mid-4.

Participant comments were summarized as follows:

- Program was greatly needed
- Would like Summit to be repeated
- Noted increased understanding although many had questions that remained unresolved
- Requested further discussion on specific ways to develop sub-specialty knowledge bases
- Found it helpful to have examples relating particularly to Arizona
- Great deal of focus on DNP programs, and there were some questions about that
- Need for more conferences on competencies and scope of practice
- Interested in discussions relative to the reality of nurse practitioner practice as opposed to discussing so much on education
- Remaining questions on sub-specialty areas

Suggestions for future continuing education programs included:

- Real world
- Examples and case studies
- Discuss development of NP job descriptions
- Liked discussion on scope of practice and felt that they had more clarity about what was within scope of practice for the NP
- More felt there was an ongoing need to discuss doctoral education
- Wanted to discuss issues related to things not in board jurisdiction, i.e. billing, reimbursement, legislation, etc.

Grady stated that a report was provided to the Board at the November 2006 Board meeting. It was the consensus of the Board that the Nurse Practitioner Summit not be held on an annual basis, but rather as needed.

Committee members noted how constituents value the Board addressing matters of concern. Members discussed the usefulness of a full day conference to address issues important to licensees; however, topics of concern may be addressed through different forums, such as the Arizona State Board of Nursing Journal. Programs not relative to regulation may be more appropriately organized by the Arizona Nurses Association. Members also discussed the benefits of student observation of procedures and processes of Board committees, and that more students should be required to specifically attend the Advanced Practice Advisory Committee meetings.

B. Update on NCSBN Vision Paper

Grady addressed the Committee stating that National Council received a great deal of feedback on the Draft Vision Paper. Many organizations, associations, and member Boards expressed concern with regard to some of the recommendations included in the Draft Vision Paper. In response, National Council decided to hold the paper and consider it a work in progress. Subsequently, a joint dialogue group with the APN consensus group was formed. The APN consensus workgroup consisting of the American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculties had issued a consensus statement regarding APN recommendations. In February 2007 NCSBN held a meeting for the APN joint dialogue group to identify and resolve conflicts between the groups' papers. An additional meeting was held in late February for member Boards at which time Cathy Thomas provided a report that discussed the current status of the APRN Vision Paper. Thomas offered an outline of the areas of agreement and asked that the paper be brought back to member Boards for dialogue.

Grady presented the areas of agreement between the Vision Paper group and APN Consensus group as follows:

- Boards of Nursing will be the sole regulators of APRNs
- APRN Licensure/Approval will be in the roles of nurse anesthetist, nurse midwife, nurse practitioner, and clinical nurse specialist.
- APRN Educational Programs will be pre-approved before admitting students.
- All programs leading to APRN licensure including the clinical/practice doctorate and post masters programs will meet established educational requirements.
- APRNs will be regulated at the role (NP, CNS, CNM, CRNA) and population (*we use the term "specialty"*) focus (adult, child, gender, older adult, across lifespan – family). Competencies for regulatory purposes will be tested at this level. Specialty (*we use the term "subspecialty"*) competencies such as oncology, palliative care, cardiovascular, can be obtained beyond the role and population competencies and will not be subject to requirements for licensure.
- Certification examinations and other mechanisms can be used to measure specialty competencies.
- Evidence of continued competence will be required for license renewal.
- Fully licensed APRNs will be independent practitioners. After licensure there will be no regulatory requirements for supervision.

Unresolved issues included the following:

- Definitions of terms (e.g., population, specialty, etc.)
- Graduate prepared nurses who are not APRNs but want to be called Advanced Practice Nurses (informatics, administration)

- Where do neonatal, critical care and psych/mental health belong – are they population foci or specialties?
- How are the blended roles of NP/CNS regulated?
- Examination for licensure/approval.
 - Should there be one test or two?
 - Should one test cover the APRN, Role, and population competencies?
 - Should one exam cover APRN and Role competencies and be used for licensure overseen by BONs with a second exam for population competencies overseen by certifying bodies?
- Does each APRN need to be prepared across the illness-wellness continuum, from acute through primary care?
- How do we improve communication between accreditors, education, certification, and regulatory bodies?

Members discussed medical boards and other agencies in addition to nursing boards regulating midwives and the challenges that may arise in the future.

With regard to the unresolved issues Committee members stated that they wanted to review the definition of terms; noted that graduate prepared nurses who are not APRNs but want to be called Advanced Practice Nurses are not APNS and do not require regulation; stated that neonatal and psych/mental health are specialty areas; critical care may be a subspecialty. Committee felt it needed the definitions to address the question "Does each APRN need to be prepared across the illness-wellness continuum, from acute through primary care?" However, members felt generalist preparation is at the RN level and then go into specialty as AP. Members voted unanimously for one test given by the certifying organization, and that NCSBN should take their concerns with exam content to the certifying bodies to resolve them.

Committee comments will be taken back to NCSBN before the next meeting which is scheduled for July or August 2007.

4. NEW BUSINESS

A. Doctor of Nursing Practice

Dr. Link addressed the Committee stating that there are approximately seventy-five (75) schools across the country currently offering programs for advanced practice nurses that are considering DNP programs. ACN has prepared an essentials document in the same way they prepared one for baccalaureate and masters education. The document is available on their website. CCNE is trying to standardize programs that were established before the essentials document. CCNE will not accredit any programs with other initials beyond DNP.

There are many different approaches in use. Some programs are only accepting students enrolling for practice doctorates. Some programs are having different entry and exit levels. One of the main concerns is with regard to obtaining qualified faculty to instruct DNP courses. Faculty will have to be doctorate level prepared. Another concern is cost. Programs will be a minimum of three years rather than 2

years full time. Link also noted the potential impact on nursing science development. Candidates interested in doctoral education that may have previously chosen a PhD or DNS program may elect the DNP program which would result in a decrease in enrollment in programs that develop and prepare students in the science of nursing.

Link stated that there are graduate programs in which required course work is almost if not equivalent to doctoral programs. By changing to a practice doctorate for colleagues who want to focus their career in a practice arena, the degree that has been earned will therefore be awarded. As evidenced by curriculum development, clinical practice covers the additional credits needed to be approved by university governing boards. It is also an opportunity to provide a program of study to masters prepared practitioners who want to the change the focus of their practice.

Committee members discussed the importance of including practical instruction in the area of negotiating, billing reimbursement, etc. Members also discussed admissions criteria, evidence based practice rather than research for those without theoretical background, and/or remedial or refresher opportunities; regulation of the DNP; Boards' role of ensuring competency; compact states' agreement on level of education; practitioners that hold master's degrees using the title of DNP; employers preference for DNP over matters prepared practitioners; DNP candidates entering programs without having practiced, and there being no evidence that such candidates are less qualified or less competent upon completion of the program. Members noted that candidates will be nationally certified by the time they complete the program. CCNE certification requires all to follow the same rules and requirements for clinical hours.

No decision was made or formal vote taken at this time. It will be placed on the October Agenda for further discussion.

5. ITEMS FOR AGENDA FOR FUTURE MEETINGS

The next meeting will be held on October 12, 2007, 9:30 a.m.

Agenda items will include the following:

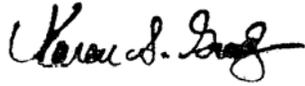
- Information from National Council of State Boards of Nursing/ Follow-up on Vision Paper
- Renee McLeod on DNP issues, perspective on progress of program
- University of Arizona representative, Sally Reel, regarding DNP, choices, etc.
- ACNM regional representative to answer questions regarding midwives
- Chronic pain management, Lonna Guitierrez – input on advisory opinion

Dr. Link announced that on July 27-29, 2007 the 19th Annual Southwestern Regional Annual Nurse Practitioner Clinical Symposium will be held at the Scottsdale Plaza Resort. There will be two presentations on pain management covering clinical and legal aspects, and quality standards, and services. Guest speaker Carolyn Buppert will deliver the keynote opening at the Friday night dinner. Saturday morning speakers will include Margaret Fitzgerald and Renee McLeod. Save the date cards and conference brochures will be mailed out shortly.

6. ADJOURNMENT

There being no further business the meeting was adjourned at 12:00 p.m.

MINUTES APPROVED BY:



Signature

kg