In 2008, numerous nursing organizations reached a consensus about licensure, accreditation, certification, and education (LACE) for advanced practice registered nurses (APRNs). In short, this statement (www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf) creates a framework for the future of APRNs. Does this mean a clear blueprint for the future exists? Yes and no.

The concepts are clear and because the language differs from what we have used in the past, it is possible that we will experience confusion as the “old” and the “new” language intermingle. Additionally, although a consensus among nursing groups was achieved, this fact bears limited application in reality. For example, to achieve the expectations of the consensus model, every state must agree to the same terms, definitions, and conditions set forth in the document. How likely is that to happen in a relatively short period of time? We don’t even agree to call them APRNs consistently throughout the country!

We must acknowledge that Hawaii recently was able to pass legislation that adopts the consensus model. Kudos to them! One down, many more to go!

As challenging as having the model adopted nationwide is, I want to posit another aspect of a consensus model. APRN education started as continuing education in 1965 in Denver, Colorado, when Dr. Loretta Ford (Dean at the University of Colorado School of Nursing) and Dr. Henry Silver, a pediatrician, proposed a pediatric nurse practitioner program built on licensure as a registered nurse. No specific education was required. Forty-five years later, we find ourselves agreeing, at least in concept, about the LACE fate for APRNs. Meanwhile, we have numerous other functional roles (e.g., administration, education, and informatics) where we have not agreed on any of those LACE elements. We have many administrators who hold no advanced degree; we have faculty who have been deemed acceptable to teach without an advanced degree; and until recent years, few programs existed to prepare nurses who were interested in informatics. Certification in those areas is not required and no special licensure is required. Accreditation of programs in schools of nursing that prepare nurses for these roles, however, is expected.

Creating consensus for APRNs is critical and timely. We must assure the public about its care. Why wouldn’t we similarly want to assure the public about the quality and consistency of those who lead care delivery systems in nursing or who create future members of the profession?

As health care reform closes in on us, we had better be prepared to speak in a unified manner about what nurses in different roles contribute and why a professional developmental plan is so important. Even with a consensus document about APRNs and some standardization, providing for their continued professional development is challenging. What do we do to continue to develop tomorrow’s leaders in education and management? That is a huge challenge and one we must consider as we take on more creative roles in health care.

What are you doing to consider the changes that will occur as a result of health care reform? And, how does that fit with what nursing has said is the future direction for APRNs? And then, how will we gear up to meet the bigger challenge of the greatest diversity: the other roles in nursing that need specialized professional development. The challenge is ours to take.

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