APRN Practice
Facts and Background Information about APRN Independent Practice
February 2012

Under Federal law 38 USC 7402(b), the Department of Veterans Affairs (VA) is authorized to establish licensure requirements, qualifications, and scopes of practice for the employment of VA nursing. Using the Consensus Model as a framework, the following requirements have been established for VA employment: (a) completion of an accredited post-graduate program (Commission on Collegiate Nursing Education or National League for Nursing), (b) Board certification by a VA approved accrediting body, and (c) demonstrated ongoing competence in their area of practice (i.e. adult general practice, oncology, geriatrics, etc.) Additional privileges are considered upon request with evidence of competency; approval will be under the authority of the local VA medical staff in accordance with the Medical Staff Bylaws.

Pearson Report Overview
A state-by-state overview of Advanced Practice Registered Nurse (APRN) Nurse Practitioner practice for diagnosis and treatment and for prescriptive authority is published annually in the Pearson Report. Information from the 2011 Pearson Report about NP practice is provided as follows. For diagnosis and treatment, 24 states recognize NPs as licensed independent practitioners (LIP) requiring no physician involvement; four (4) states require physician involvement, but do not require written documentation of a formalized professional NP/physician relationship; and 23 states require written documentation of physician involvement. For NPs with prescriptive authority, 17 states require no physician involvement and 34 states require written documentation of physician involvement (Pearson, 2011).

Who are Advanced Practice Registered Nurses (APRNs)?
APRNs are registered nurses (RNs), who receive additional education, in the form of master’s degree or higher, within one of four advanced practice nursing roles. The four roles are: nurse practitioners, nurse anesthetists, nurse-midwives, and clinical nurse specialists.

Frequently Asked Questions Related to the APRN Independent Practice Policy

APRNs may be referred to as LIPs. Even though the VA is not a licensing body, the use of the LIP status within the context of this FAQ form is that each

APRN does have an RN license as entry into nursing practice.
* Please note that the FAQs will be updated as the need arises. Last updated 09/07/12

Why now?
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What will happen to the current Scopes of Practice?
What will be the role of the Associate Director Patient Care Services / Nurse Executive (ADPCS/NE) in working with APRNs in an independent practice status?
Could an example of the application hiring process be given to illustrate sequence?
Could descriptions be given for Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE)?
What is the process for proficiency completion?
Why now?
There are several reasons why “now” is the time (1) Reducing variability in APRN practice across the VA healthcare system is consistent with the Institute of Medicine (IOM) Future of Nursing recommendations and the Consensus Model for APRN Practice to remove practice barriers (IOM, 2010); (2) Many VAMC health systems span more than one State; and (3) The VA New Models of Care initiative requires all team members to practice at the top of their education, experience, and competence.

What authority does the VA have to determine APRN Independent Practice?
In its statutory role as a provider of a national health care system for the nation’s Veterans, VA has authority to establish qualifications for, and regulate the professional conduct of its health care practitioners. Accordingly, VA may: (1) determine the scope of practice of its nurses for clinical practice, without regard to individual regulations of State Boards of Nursing. The only exception to this is in regard to prescribing of controlled substances; and (2) authorize APRNs to function as independent practitioners based on their education, certification and other required credentials regardless of the scope of practice defined by their licensure (Office of General Counsel, 2011). The APRN independent practice status will be set by VHA policy.

Does a State Licensing Board have the authority to take action or revoke license of an APRN who practices beyond the respective State Practice Act?
VA health care practitioners must be licensed in “a” State, territory, Commonwealth, or the District of Columbia to practice their profession, and for VA, this is an employment qualification. Under the Supremacy Clause of the Constitution, State licensing requirements may not be used to penalize or otherwise interfere with the authorized functions of the Department and its employees. If a State brings a licensure action against a VA nurse for following VA policy that is inconsistent with the State Practice Act, the Office of General Counsel, through Regional Counsel, would pursue all legal avenues to preempt the State action (Office of General Counsel, 2011).

What is the position of the National Council of State Boards of Nursing (NCSBN) and The Joint Commission (TJC)?
The NCSBN is in full support of independent practice for APRNs and cites the Consensus Model for APRN regulation as the beacon for nursing, in addition to the guidepost for consumers and policymakers on titling, education, certification, accreditation, and licensing for all four APRN groups (Certified Nurse Practitioner, Certified Nurse-Midwife, Certified Registered Nurse Anesthetist, and Certified Clinical Nurse Specialist). TJC has provided a letter to ONS endorsing VHA’s authority to determine the scope of practice for APRNs to practice independently (Scott Blouin, A, 2011).

What kind of training does an APRN receive that prepares them to function as an independent provider/practitioner?
APRNs complete 500-750 hours of supervised clinical experience with expert faculty and clinical preceptors in the graduate education setting. This clinical experience far exceeds the clinical hours necessary to become an RN. In graduate school APRNs learn and develop the skills and expertise needed to support privileges. The APRN who applies for privileges has completed academic and/or post graduate training and their certification (required as a qualification for APRNs) in that specialty would validate their qualifications for requested privileges. Academic and/or post graduate training in a specialty leads to Board certification.

What would happen if a current APRN does not want to attain independent status?
If the APRN does not want to attain independent status they would not be able to practice as an APRN in the VHA. It is the Executive Committee of the Medical Staff’s (ECMS) responsibility to determine that an APRN requesting privileges is prepared to perform the requested elements of practice for that privilege. This applies to Certified Nurse Practitioners, Certified Clinical Nurse Specialists and Certified Registered Nurse Anesthetists. This also applies to all practice settings. The standardized approach to grant independent practice to APRNs is based on solid published evidence. APRN independent practice is one of the key recommendations made in the IOM Report on the Future of Nursing (IOM Report, 2011). VA APRNs are graduates of academic programs that receive standardized accreditation reviews and are required to remain Board Certification in the area of their practice. Therefore, if an APRN does not wish to pursue independent elements of practice, he/she will no longer be granted privileges to practice as an APRN in the facility.

How is prescriptive authority impacted?
Under the Federal Supremacy Clause, the VA established that APRNs will prescribe medications, certain non-controlled substances, under VHA Directive 2008-049 “Establishing Medication Prescribing Authority for Advanced Practice Nurses.” Thus, for non-controlled substances, the State cannot regulate VA practice. The Federal Supremacy Clause does not cover prescribing of controlled substances by APRNs. Therefore, APRNs must follow their State Licensing Board requirements for controlled substances.
What is the process for obtaining a DEA number?
Electronic prescribing of Controlled Substances is still scheduled to be installed sometime in early FY 2013 throughout the VA Healthcare System. The VA Handbook is in the process of being changed to REQUIRE a DEA# for all providers who are eligible to obtain one if they prescribe any controlled substances in the VA Healthcare System. The VA# which uses the institutional DEA# plus a prefix/suffix will ONLY be allowed for those providers not eligible to apply for their personal DEA# (i.e. residents/fellows). The process outlined in the Fact Sheet can be followed to obtain a waiver of the fee if the DEA# will ONLY be used in the VA Healthcare System. Once you have obtained your personal DEA# and Expiration date, it is recommended you have this number on file in your VA pharmacy and within other appropriate administrative offices such as your Careline and add it to VETPRO. Recommend using your supervisor as the person responsible to validate you are a VA employee. Exempt from the payment of registration fees are any hospital or other institution that is operated by an agency of the United States, of any State, or any political subdivision or an agency thereof. Likewise, an individual who is required to obtain a registration in order to carry out his/her duties as an official of a federal or State agency is also exempt from registration fees. Some states require you to get your state controlled substance license before applying for your DEA number.

What actions are required at the VISN and facility level?
A number of local VA policies may need modifications in order to grant privileges to APRNs as well as the Medical Staff Bylaws. Meetings with local staff and the APRN council are recommended. Each VISN is responsible to ensure full implementation of changes that will facilitate APRNs to practice independently. National policy outlines examples of core elements of practice (formally known as “scope of practice”) for APRNs. APRNs will practice within the privileges that are recommended by the clinical service chief to the Executive Committee of the Medical Staff and granted at the local level by the Director serving in the role of Governing Body.

Do Medical Staff Bylaws need to be revised?
Medical Staff Bylaws will most likely need to be revised. The Medical Staff Bylaws at each facility will need to be reviewed to determine if APRNs are designated as independent providers. All privileged providers must go through the same medical staff process, going through the same committees, not parallel committees. This means that APRNs will need to have their privilege requests, competency, and credentials reviewed by the same committee(s) that review the physicians, dentists, and any other privileged providers at the facility.

Will qualification standards change? Who will determine appointment grades/steps?
The determination of qualification by the Nursing Professional Standards Board (NPSB) will not change. Qualification standards will not change. The NPSB will continue to review APRN file for appointments and promotions, making a recommendation to the Associate Director of Patient Care Services/Nurse Executive and facility director for the final determination.

What is the Credentialing process?
Credentialing for APRNs is initiated by the clinical service chief to which the APRN is assigned in coordination with the Associate Director Patient Care Services / Nurse Executive (ADPCS/NE) via the Nurse Professional Standards Board (NPSB) to determine if the education, licensure, and certification requirements for the position within the organization are met. The ADPCS/NE works closely with the clinical service chief of the service to which the APRN is assigned as well as the Chief of Staff to assure APRN credentialing and clinical competency requirements as identified in the VHA Credentialing and Privileging Handbook, local facility policy, local facility clinical care needs, as applicable, are also met.

Will reporting relationships for APRNs need to change?
There may be no need to change reporting relationships based on the new Nursing Handbook; however, the clinical service chief to which the APRN is assigned is the responsible person for the care that the APRN delivers on that service, so that individual must have a reporting relationship with the APRN.

Can local policies restrict privileges for APRNs?
The local facility Service Chief and Executive Committee of the Medical Staff recommends to the Director to grants privileges to the APRN based on qualifications, experience, and demonstrated competencies. A local policy that restricts APRN privileges is not appropriate. APRNs are to function at the top of their license; thus local policies should not restrict privileges for APRNs. All APRNs have standardized educational background as regulated by external accreditation bodies and consequently are eligible for credentialing and privileging as independent practitioners. Additional privileges will be granted based on facility resources and clinical care needs and the APRN’s additional certification, experience and/or demonstrated competencies.
What are core privileges?
Core elements of practice, are defined as sets of clinical practices, procedures, and/or interventions that all APRNs are qualified to perform based on their respective educational background and expertise. APRN core elements of practice that may be incorporated into the APRN’s clinical privileges as appropriate based on the local facility’s resources and clinical needs could include: conducting history and physical examinations, assessment, diagnosis and management of acute and chronic health problems; ordering, interpreting and performing interventions based on diagnostic studies including radiology and laboratory studies; prescribing pharmacologic agents (per VHA Directive 2008-049) except for controlled substances; providing consultation; admitting and discharging of patients, conducting patient rounds or providing MOD responsibilities. Privileging is a local process and is not defined at a national level. Privileges are provider and facility specific.

What is the timeline for implementing this handbook?
VAMC facilities are expected to initiate the necessary actions to implement the changes required upon release of the VHA Nursing Handbook. Full implementation is required no later than one year from publication date of the VHA Nursing Handbook.

How will this affect part-time APRN’s?
This affects ALL APRNs, regardless of appointment type including full-time, part-time, WOC, contract, and fee-based.

Are there recommendations for panel size based on the independent practice status?
At this time the PCMM Handbook 1101.02 for panel size is the guidance for primary care provider panel sizes. A facility may adjust panel size and/or complexity of patients for providers based upon the individual provider's education, training, experience and demonstrated expertise. A national committee is reviewing the Directive and may make recommendations to change panel size for primary care providers in the future.

What will happen to the current Scopes of Practice?
The APRN will not need a scope of practice. The APRN will be functioning within their granted privileges. Yet in regards to controlled substances, there will be an additional document supporting the collaborative agreement that is required for those APRNs who need a collaborating physician for the purpose of prescribing controlled substances.

What will be the role of the Associate Director Patient Care Services / Nurse Executive (ADPCS/NE) in working with APRNs in an independent practice status?
The ADPCS/NE is responsible for the delivery of all nursing care regardless of the organizational structure, incorporating the elements of nursing practice based on licensure, nurse staffing levels, professional standards, academic and research initiatives. APRN providers are hired as Title 38 nurses and all requirements associated with Title 38 nurses must be followed. Joint Commission standards recognize the critical role that the nursing leader plays in the organization’s leadership. Standard NR.01.01.01 in the “Nursing” chapter sets the expectation that the ADPCS/NE not only directs the delivery of nursing care, but also is a member of the hospital’s leadership, functioning at the senior executive level, partnering in “an active leadership role with the hospital’s governing body, senior leadership, medical staff, management, and other clinical leaders in the hospital’s decision-making structures and processes”. The ADPCS/NE partnership with the medical Chief of Staff and leadership remains essential.

Could an example of the application hiring process be given to illustrate sequence?
An APRN applies for a position, is interviewed, and then selected for a position by their immediate supervisor. The APRN receives access into Vet-Pro to complete the application process. The APRN application file goes to the Nurse Professional Standards Board (NPSB), who assures the credentials, and recommends the grade and step for hiring the APRN. The APRN and the supervisor then initiate the privileging document. The formal privileging document goes through the service line director, the ADPCS/NE then to the Professional Standards Board (PSB) with approval by the medical center director. PSB composition must include at least one APRN.

Could descriptions be given for Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE)?
1. FPPE: A process whereby the clinical leadership evaluates the privilege-specific competence of a provider who does not yet have documented evidence of competently performing the requested privileges at the facility. This is a time-limited period, defined by the organized medical staff during the development of the FPPE, during which the clinical leadership evaluates and determines the provider’s professional performance; at the time of initial appointment or of granting of new, additional privileges. Once competency has been confirmed through the FPPE this should be followed immediately by the OPPE. A second use of the FPPE is under the circumstance in which a question arises regarding a currently privileged provider's ability to provide safe, high quality patient care. The FPPE in this instance is a time-limited period during which the clinical leadership assesses the provider’s professional performance to determine if any action should be taken on the provider’s privileges. It is NOT a restriction or limitation on the provider’s ability to practice independently, but rather an oversight process to be employed by the clinical leadership when there is a concern regarding a provider’s ability to continue providing some aspect of patient care.
2. OPPE: Ongoing monitoring is essential to confirm the quality of care delivered by providers. The OPPE process allows the clinical leadership to identify professional practice trends that affect quality of care and patient safety, some of which may require intervention and may include activities such as direct observation, clinical discussions, and documented clinical care reviews. Information and data considered must be provider specific, and could become part of the provider profile analyzed by the clinical service chief in the facility’s on-going provider monitoring. The Executive Committee of the Medical Staff reviews the OPPE/FPPE documents for privileging prior to the granting and renewing of the privileges. It is recommended that the Clinical Service Chief of the service to which the APRN is assigned coordinate these reviews with the Associate Director Patient Care Services/ Nurse Executive ADPCS/NE and the ADPCS/NE attend the ECMS when consideration of APRN privileges and OPPE/FPPE recommendations are scheduled.

What is the process for proficiency completion?
The APRN supervisor, for example the clinical service chief in the clinical area where the APRN works, completes the proficiency. If there are concerns with the APRN’s practice, the clinical service chief would work collaboratively with the Associate Director of Patient Care Services/Nurse Executive (ADPCS/NE) to ensure the APRN’s proficiency report is completed and accurately reflects the APRN’s practice.

References
Johnston, S.M. (April, 2009). Question about Advance Nursing Practitioner and Narcotic Registration. Office of General Counsel Electronic Correspondence to ONS.
Scott Blouin, A. (July, 2011). The Joint Commission letter sent to the VA Chief Nursing Officer.

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