



NBCR NA
National Board of Certification & Recertification for Nurse Anesthetists

*Promoting patient safety by
enhancing provider quality*

Our Mission

To promote patient safety through credentialing programs that support lifelong learning

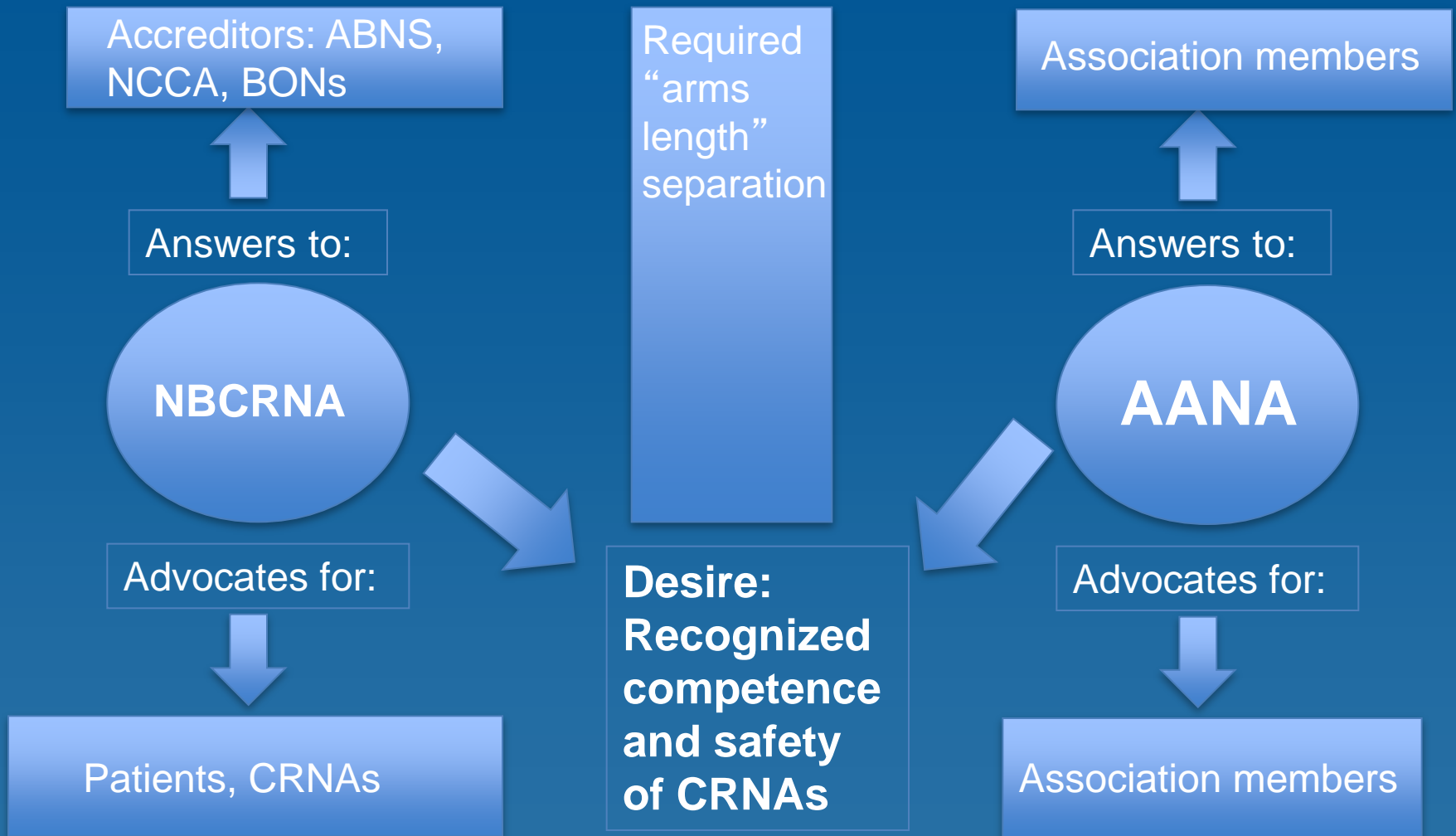
Our Vision

To be recognized as the leader in advanced practice nurse credentialing

Clarification of Roles of NBCRNA vs. AANA

- NBCRNA
 - Mission is public protection
- AANA
 - Mission is CRNA advocacy
- Distinction important
 - Accreditors and regulators require a separation between membership organization and the credentialing body
 - NBCRNA incorporated to provide the best governance model for nurse anesthesia credentialing

Roles of NBCRNA and AANA





CPC

Where we have been.



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Why change the recertification process now?

- Even if you're on the right track, you'll get run over if you just sit there.

-Will Rogers

Opportunities to improve the recertification process

- Challenges from organized medicine
- Not best use of available learning modalities
- Accreditation requirements
- Parity with other professions





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How have similar professions advanced to incorporate continued competence?

Comparison with Anesthesia Providers

Component	Anesthesiology Assistant	Nurse Anesthetist	Anesthesiologist
Frequency	2 years	2 years	10 years
Licensure	No	RN and or APRN	Medical doctor
CE	20 hours/year	20 hours/year	35 hours/year
Examinations	Recertification examination every 6 years	None	Recertification examination (year 7 – 10)
Practice	No	850 hours	Yes with case evaluation and simulation

Comparison with APN

Component	Nurse Anesthetist	Certified Nurse Midwife	Nurse Practitioner (AANP)	Nurse Practitioner (NCC)
Frequency	2 years	5 years	5 years	5 years
Licensure	YES	YES	YES	YES
CE	40 hours	20 hours and 3 self learning modules (18 - 20 CE per module)	75 hours	15-50 hours
Examination	No	Proposed in 5 years: Performance in Practice and Standard Cognitive Assessment	Optional: Computer based exam or CE + practice	Specialty Assessment Evaluation 125 questions in core competencies
Practice	850 hours	No	1000 hours	No

Changes in Healthcare Credentialing

- Initial certification is only a start
- Knowledge at one point in time is no longer enough (robust continuing education is essential)
- Mastering competency through evidence-based learning
- Professional growth and development must be lifelong and integrated into practice

Shift to Continuing Competency Model

- An ongoing, dynamic process
- Focused on evolving knowledge, skills and technologies
- Continuous education, mastery and assessment throughout your career
- Allows for quick response to changing trends in the healthcare landscape



Shift to Continuing Competence

Typical methods used by other credentialing organizations to ensure continuing professional competence:

- self-assessments
- peer/supervisory review
- examination
- high quality continuing education with end-of-course assessments
- continuing practice
- performance reviews
- portfolios
- evidence-based practice competency modules

Evidence Supporting Change

- Physician certification processes that include testing are significantly correlated with superior patient outcomes
 - Sharp LK, Bashook PG, Lipsky MS, Horowitz SD, Miller SH. “Specialty Board certification and clinical outcomes: the missing link.” *Academic medicine* 2002; 77(6) 534-542.
- Self-assessment of performance correlates poorly with a provider’s actual competence
 - Kruger J, Dunning D. “Unskilled and unaware of it: how difficulties in recognizing one’s own incompetence lead to inflated self-assessment.” *Journal of Personality and Social Psychology*. 1999; 77(6) 1121-1134.

Evidence Supporting Change

- Health care agencies should not rely solely on continuing education to maintain competency
 - Swankin D, LeBuhn RA, Morrison R. “Implementing continuing competency requirements for health care practitioners.” 2006. AARP Public Policy Institute, Washington DC .
- Periodic demonstration of knowledge, skills and judgment are critical to public safety
 - Institute of Medicine “Crossing the Quality Chasm: A New Health Care System for the 21st Century.” Washington DC: National Academy Press. 2001.

Evidence Supporting Change

- Increased formal education and training leads to improved test scores
 - Brennan TA, et al. The role of physician specialty board certification status in the quality movement. *JAMA*, 2004; 292(9):1038-1043.
- All health care provider organizations should have periodic provider recertification with measurable demonstration of continuing competency. Testing is one method of a measurable assessment of knowledge.
 - Kan N, Burkhalter B, Cooper M. Measuring the competence of health care providers. Operations research issue paper, Vol 2 Bethesda MD. US Agency for International Development (USAID) by the Quality Assurance Project (QA) 2001.

Consumer Expectations

- 90% believe it is important for healthcare professionals to be periodically re-evaluated
- 84% believe healthcare professionals should be evaluated on their qualifications
- 78% believe healthcare professionals should be required to pass a written test of medical knowledge at least every five years

Source: Citizen Advocacy Center, 2007



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The Continued Professional Certification (CPC) Program

Developing a new standard for ongoing certification of registered nurse anesthetists

Background of the CPC Program

- 3 year study of continuing competency models
 - Included benchmarking study of 331 continuing competency programs
- Focus groups at national meetings
 - Students, practitioners, educators, national and state leaders
- Recertification Practice Analysis
- Recertification Task Force
 - Included nurse anesthesia practitioners and educators
 - Evidenced based review of credentialing literature

Information Sharing

- Over the past 2 years, the NBCRNA BOD members have provided information at a variety of meetings about upcoming changes to the recertification program
 - National meetings
 - State meetings
 - 30 state meetings
 - Over 2,000 CRNAs in attendance
- Initial proposal announced at August 2011 AANA meeting to provide best opportunity for direct contact and discussion with CRNAs

Information Sharing

- 51 state presentations since August 2011
- Eblasts
- Regular communications with AANA
- Voices were heard:
 - 920 emails
 - 4,200 survey results
 - 280 blog site questions
 - 6,631 AANA survey results
 - 1,249 emails forwarded from AANA



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CPC Program Requirements

Program Components

- Begins January 1, 2016
- Recertification cycle is every 4 years
 - “Progress audit” every two years with a reminder letter sent to individuals not completing at least half of the required components
- Continuing Education Credits
 - 15 Assessed (post-test) Credits per year
 - 10 Professional Activity Units (non-assessed professional developmental activities that offer a wider range of flexibility) per year
 - Non-assessed units are self monitored by the certificant, but audited by the NBCRNA as necessary
- Self – Study Modules
 - Self-study modules on the four core competencies to be completed every 4 years
- Work Requirement
 - In recognition of the role of local credentialing bodies, the NBCRNA will no longer monitor practice hours as a part of the CPC program.

Program Components - Examination

- Exam every 8 years (every other recertification cycle)
- For individuals certified before January 1, 2024 the first exam would be for diagnostic purposes only
 - The diagnostic exam will require extra CE (above the normal CE requirement) for failure to meet pre-establish standards in any content area
- By 2032 a pass/fail examination will be a mandatory part of the program
- An individual will have four opportunities to pass the examination within a recertification cycle



Why would we have to retake the certification exam?

- We don't intend for people to retake the certification examination. Rather, a customized, recertification examination is one demonstration of continuing professional competence
 - Examination would be practice-based and developed with input from practitioners
 - Test outline and practice exams would be available to the public
 - No specialty information would be included
 - Recertification exam questions should come naturally to a practicing CRNA who is competent in fundamental practice (airway, pharmacology, etc.)

Recertification Exam Questions

- An examination focused on the competencies important to the experienced practitioner
 - Content outline related to the knowledge and skill for everyday practice

For a patient with aspiration risk and anticipated difficult airway, which of the following would be a suitable plan for planned airway management?

- A. Awake cricothyrotomy
- B. Laryngeal mask airway
- C. Asleep fast trach (intubating LMA)
- D. Awake fiberoptic intubation

Why can't I keep doing what I have ?

- Our accreditors oppose grandfathering
- If certification standards are established to indicate competence, then all CRNAs should be included
- We heard the interest in grandfathering and sought other ways to approach the concerns
 - Extend phase-in period and allow natural attrition to exempt experienced practitioners

More about Grandfathering

- The Tale of the Nurse Midwives
 - Grandfathered all Nurse Midwives who graduated prior to 1996
 - In 2008, Board of Nursing in some states stopped recognizing the certification of the grandfathered midwives
 - In response, the American Midwifery Certification Board (AMCB) began incorporating the grandfathered midwives into their continuing competency program in 2009
 - Barger, M., Camune, B., Graves, B., & Lamberto, J. (2009). The past, present, and future of assessing continuing competency for midwives. *Journal of Midwifery and Women's Health*, 54(5), 338-340.

More about Grandfathering

- It is possible that grandfathering could be a deceptive practice. It “creates an appearance of greater homogeneity within certified ranks than in fact exists” ¹, and possibly induces the consumer to underestimate the differences between those who have completed the certification requirements and those who were merely grandfathered.
 - ¹ Havighurst, Clark C. (1986). The Changing Locus of Decision Making in the Health Care Sector. *Journal of Health Politics, Policy and Law* 1986 Volume 11, Number 4: 697-735.

What is the current status?

- NBCRNA is defining program details over the upcoming years
- Discussion is ongoing with stakeholders, including the AANA



CPC

Avenues for Communication

Your Voice Matters

- Public Comment Period was held September through November, 2011
- The NBCRNA reviewed and considered over 13,000 comments received from engaged CRNAs in the development of the final program
- Looking for volunteers to assist in the development of program details as we move into the next phase



Conduit for Communication

- Information on NBCRNA.com and NBCRNACPC.com
 - Keep current with news and announcements
 - Links to further information about the developing CPC Program can be found at NBCRNA.com



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