Executive Summary of the NBCRNA Response to Editorial – February 25 2015

In February 2015, the AANA Journal published a guest editorial by Zambricki, Horowitz, Blumenreich, and Fallacaro.¹ The authors of the article offered a critique of the Continued Professional Certification (CPC) Program. In response, four members of the NBCRNA Board wrote a letter to the editor² that addressed a number of general misrepresentations and specific misinterpretations of the CPC Program. The full letter can be accessed here. Key points made in the letter follow.

- The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) employed a thorough 6-year process to arrive at the new CPC Program requirements. The process began in 2008 and involved an extensive review of the literature, evaluation of current nurse anesthesia practice, examination of the credentialing practices of other medical and non-medical organizations, engaging a variety of stakeholders through surveys and at state and national workshops. The NBCRNA recorded over 22,000 interactions and exchanges with stakeholders since 2010, and their input has resulted in numerous revisions to the program.

- Consideration of the opinions and expectations of a credentialing body’s primary stakeholder, the general public, was of the utmost importance when designing a revision of the current nurse anesthesia recertification program. A Citizen’s Advisory Center (CAC) and the American Association of Retired Persons (AARP) public opinion poll, and a Harris Interactive Poll conducted jointly by the CAC and the NBCRNA found that the public desires a rigorous program that includes lifelong learning and periodic assessment. The rigor of these surveys is in stark contrast to the polls referenced by Zambricki et al.

- The CPC Program aligns with the expectations of the NBCRNA’s accreditor, the National Commission of Certifying Agencies (NCCA), which defines competence as "the ability to perform a task, function, or role up to a set of prescribed standards" and continuing competence as demonstrating "specified levels of knowledge, skills, or abilities not only at the time of initial certification but also throughout an individual’s professional career."

- A number of studies have provided evidence that nurse anesthetists deliver excellent patient care; however, a long and laudable record of exceptional patient care will not protect our profession from having to demonstrate our future commitment to mastering the evidence-based knowledge necessary to continue that standard of care in a rapidly evolving health care environment.

- The CPC Program does not directly measure competence, nor does it claim to do so. It does, however, afford a method for affirming continued professional certification in nurse anesthesia practice by requiring timely, multidimensional, iterative, assessed, evidence-based knowledge and as such provides surrogate evidence of competence.
Zambricki et al. state their belief that “there are no data to support the premise that activities such as a mandatory recertification examinations or a required ‘one-size-fits-all’ study modules will increase patient safety or reduce morbidity and mortality.” This belief is contrary to both common sense and empirical evidence and the statement undermines the general credibility of the nurse anesthesia credential. Further, the CPC Program is not “a one-size-fits all” program. It is instead a multimodal, dynamic, iterative program providing a range of evidence for continued professional certification for nurse anesthetists.

The program requires nurse anesthesia practice, assessed continuing education, core educational modules (voluntary for the first 4-year cycle), professional development activities, and a periodic examination. All of these components work together in a multimodal approach to provide evidence for validating continued professional certification in nurse anesthesia. In an era in which metrics used to measure quality of care and the educational requirements to practice and seek reimbursement seem to be ever increasing, having a continued certification program that is robust and multimodal is essential.

Zambricki et al. have proposed a series of alternatives to the CPC Program, all of which include a 10-year certification cycle. A careful review of Standard 13 of the Accreditation Board for Specialty Nursing Certification (ABSNC), an accreditor of the NBCRNA, would have eliminated this alternative, as this standard requires that recertification should be time-limited and no longer than 5 years. In addition, Criteria XIII of the Advanced Practice Registered Nurse (APRN) Consensus Model requires maintenance of certification at least every 5 years.

Zambricki et al. propose assessed continuing education, directed continuing education, an examination, and a practice requirement as potential components for a recertification program. It should be noted that each of these components is included in the existing CPC Program.

References