

NBCRNA Response to the AANA Task Force Report Published April 2015

Response Published July 7, 2015

BACKGROUND

AANA President Sharon Pearce convened a Continued Professional Certification (CPC) Task Force in 2014, which she charged with reviewing the CPC Program and offering recommendations for improvement to the AANA Board of Directors. The Task Force, which comprised AANA members, a continuing education vendor (who also was an AANA member), and NBCRNA representatives, reviewed the program between January and March 2015 and drafted recommendations in five areas: Class A requirements, Class B requirements, Core Modules, CPC Examination, and Reentry. The recommendations are the basis of a report, which the CPC Task Force Chair, Linda Williams, JD, CRNA presented to the AANA Board of Directors in April 2015. The following responses to the Task Force report offers the NBCRNA's opinion on each of the Task Force recommendations and rationales. The NBCRNA has tried to lay out its rationale in a manner that can contribute to the AANA Board's evaluation of the recommendations. The NBCRNA appreciates the opportunity to participate in that process.

CLASS A

1. Maintain the current Class A requirement. *Rationale: Class A requirements provide an appropriate amount of "assessment based" CE.*

The NBCRNA agrees with this recommendation.

2. The Class A requirement should be increased from 15 per year to 20 per year. *Rationale: AANA CE Committee should approve Class A as prior approval. Increasing the number from 15 to 20 Class A requirements would preserve the rigor of the CE Program.*

The rigor of the CPC Program does not solely lie in the Class A component or in the number of Class A credits earned. The multiple components of the CPC Program together establish a comprehensive and rigorous program that promotes professional development and lifelong learning while providing some flexibility for individuals. For example, a nurse anesthetist must earn 100 credits over a 4-year cycle (60 Class A credits and 40 Class B credits). However, once a nurse anesthetist earns the minimum required 60 Class A credits in that cycle, he or she can use credits earned from Class A or Class B requirements, or a combination of credits from Class A and Class B requirements, to satisfy the remaining 40 credits. Increasing the number of required Class A credits may cause confusion among nurse anesthetists, many of whom have become familiar with the current CPC Program requirements. It may also result in additional costs for certificants.

3. Clarify assessment issues. *Rationale: Concerns with overall confusion with the new requirements, and implementation, especially at live meetings.*

The AANA has an existing prior approval process with specific guidelines regarding what qualifies as an assessment. These guidelines have been published by the AANA in their most recent AANA CE program handbook. The NBCRNA supports the role of the AANA CE Committee in prior approval of Class A requirements and only requires that the assessments within the Class A CE programs measure whether the CE program's stated learning objectives have been met.

CLASS B

1. Use the CE Committee for review and/or approval process and tracking. *Rationale: Self-reporting system needs to be simple, accessible, at no additional cost. For audit purpose, have CRNAs upload proof of completion.*

The NBCRNA supports the Task Force recommendation that any self-reporting system that the AANA may create for its members be simple and easily accessible. Nurse anesthetists will not need to obtain prior approval for Class B requirements. Documentation would be required only if the nurse anesthetist is audited by the NBCRNA. Requiring an approval process for AANA members to upload Class B requirements into their AANA CE transcript may increase costs to the nurse anesthetist.

2. Decrease Class B to 5 per year, or 20 per cycle. *Rationale: CRNAs in rural or specialty areas may have difficult time achieving some class B requirements.*

In response to input from stakeholders during the CPC Program development process, the NBCRNA reduced the required number of Class B credits from the originally proposed 80 credits (average 20 per year) to 40 credits (average 10 per year).

The concern that some CRNAs may potentially have difficulty achieving some Class B requirements was identified early and addressed. Together, the total number of Class A and B credits for a 4-year cycle is 100, or 5 credits more per year than the current 2-year recertification program. Nurse anesthetists can apply excess Class A credits to the Class B requirement. In other words, during a 4-year cycle, nurse anesthetists have the option to take *either* all Class A requirements *or* a combination of Class A and Class B requirements, as long as the minimum number of 60 Class A credits is earned. In addition, a broad range of professional development activities will satisfy the Class B requirements (see table on the NBCRNA website), and this list of activities is likely to grow once the program is implemented.

By including professional development activities (Class B requirements), the CPC Program supports the expanding role of advanced practice registered nurses in the future of healthcare delivery and leadership. The Class B requirement acknowledges the diversity of professional activities and experiences of nurse anesthetists, who are increasingly called upon to attain competencies beyond clinical knowledge and practice.

The NBCRNA does not support this recommendation. Decreasing the number of Class B credits required will set back the timeline for implementation of the CPC Program and will result in significant communication costs for both the AANA and NBCRNA.

3. NBCRNA should audit. *Rationale: NBCRNA is responsible for validating completion of requirements and maintaining effective CPC Program.*

This recommendation is consistent with the current program. NBCRNA is responsible for validating the completion of requirements and maintaining an effective CPC Program. The NBCRNA is solely responsible for the random selection of nurse anesthetists for an audit of the reported Class B requirements.

CPC MODULES

1. Core modules should be optional. *Rationale: CRNAs like choices and list references used to develop the modules. Some CRNAs may not feel that they require the CPC Modules to be successful at the recertification examination.*

This recommendation is consistent with the current CPC Program. The core modules are optional for the first CPC cycle. Any modification of the core module requirement for the second cycle will be based on data gathered and evaluated by the NBCRNA and AANA during the first cycle. This is an example of a component of the CPC Program that was revised after discussions with the AANA and established in the December 2014 Memorandum of Understanding.

2. Modules content geared towards exam. *Rationale: CRNAs will want material geared towards the exam especially if it is a high stakes exam.*

This recommendation is consistent with the current CPC Program. The instructional goals and objectives for the core modules and the content outline for the CPC Examination use the same four domains. The Core Modules provide the nurse anesthetist with a way to become familiar with new evidence that informs their immediate practice and provides them with exposure to content that will likely move into

standard texts within 5 years and subsequently likely present on the CPC Examination. The core modules will serve as learning tools for content domains also found on the CPC Examination; however, the Core Modules are not designed to be a comprehensive review for the CPC Examination and performance on the modules will not necessarily correlate to performance on the CPC Examination.

3. Limit module credit or not award any credit at all. *Rationale: It would prevent an unintended incentive of CRNAs not attending live meetings.*

In response to discussions with AANA and with CRNAs in early 2014, the delivery mode for Core Modules was expanded to include live meetings and the cap on CE credits was removed. The core modules can be presented through live meetings, as long as the content is prior approved, the content is available in an electronic format, and the assessment is conducted electronically so to capture the results and allow for repeat attempts at assessment. Credit earned from core modules can be applied to the Class A requirement.

Limiting or removing a nurse anesthetist's ability to earn Class A credit through the use of core modules will directly contradict past requests from nurse anesthetists. It will increase both the cost and time nurse anesthetists must spend to meet the core module and the Class A requirements.

RECERTIFICATION EXAMINATION

1. Examination should be open book. *Rationale: Acknowledging the fact that the first Pass/Fail recertification exam is 16 - 18 years in the future, it is recommended that the NBCRNA explore alternative methods of administering the exam. This could include permitting an "open book" format or taking the exam remotely.*

Ongoing evaluation of options to deliver the CPC Examination is necessary—options that do not exist today may be readily available for a reasonable cost in the next 10 years. The CPC Examination is not only a tool to measure the learning and knowledge retained, but it is an evaluative, needs assessment tool that provides insights into any needed areas of study. While some research suggests that open-book testing can alleviate test anxiety, closed-book testing better promotes learning and knowledge retention. It is still necessary to have a strong working memory of anesthesia practice. There is little time during critical situations in the OR where rapid decisions must be made from information retained in one's memory. The option of an open book exam will be examined; however, a decision based on current information is premature.

2. Pursue emerging evidence. *Rationale: Even though completion of the high stakes exam is not required until 2032, emerging evidence should be continually reviewed to insure that the best alternative is utilized for assessing practice based knowledge related to the CPC Program.*

This recommendation is consistent with the current CPC Program. Following the initial administration of the CPC Examination, the NBCRNA will review testing methods and procedures, with input from the AANA and other stakeholders. This will help determine the testing regime for the second administration of the CPC Examination. This was established through the December 2014 Memorandum of Understanding between the AANA and NBCRNA.

3: Cost of the recertification exam. *Rationale: CRNAs are concerned about the potential cost of the entire CPC Program.*

The NBCRNA expects the annualized cost of the CPC Program to be similar to current recertification costs. The cost of core modules will be determined by the CE vendor; however, we believe market competition will keep the cost of core modules reasonable. The NBCRNA estimates that if the CPC Examination were developed and administered today, it would cost a nurse anesthetist applying for the CPC Examination approximately \$300. This equates to less than \$40 per year for the 8-year CPC Program period.

REINSTATEMENT (REENTRY) PROCESS

1: Reentry exam required. *Rationale: Recertification exam must be ready to be administered in 2017.*

A reentry examination would be cost prohibitive and logistically difficult, given the small number of nurse anesthetists expected to go through the Reentry Program. In the current Refresher Program, for example, 79 nurse anesthetists were approved to enroll in the refresher program since January 1, 2011 and 39 are actively participating. The number expected to participate in the Reentry Program is anticipated to be even lower.

The first step in the new Reentry Program will be to successfully complete the CPC Examination. Until the CPC Examination becomes available in 2020, however, individuals completing this first step will successfully complete the National Certification examination (NCE). Under the existing 2-year recertification program, the NCE is currently required for Refresher Program enrollees who have been out of practice for five or more years.

The same examination — the CPC Examination — will be used for nurse anesthetists who reenter nurse anesthesia practice and those who have maintained their certification. Both populations will be held to the same standard and expectations, including the command of nurse anesthesia knowledge and skill.

2. Any reinstatement process should be evaluated and approved by AANA and NBCRNA. *Rationale: AANA CE Committee should be responsible for reviewing the reentry process and developing the program of education. NBCRNA should clearly be involved in the certification and recertification processes.*

The Reentry Program assesses when an individual has met pre-established criteria to obtain and/or maintain the credential. As the accredited certification board, it is the responsibility of the NBCRNA to set policy related to certification, recertification, and reentry. The NBCRNA would be supportive of AANA's efforts to develop a Reentry curriculum that supports the completion of the first step in the Reentry Program.

3. Consider number of years out of practice. *Rationale: Requirements for reentry should be based on time out of clinical practice.*

Individuals who have lost their certification for four or more years will be required to complete the Reentry Program. In order to ensure a consistent, standardized, and fair approach to reentry, the program requirements are not determined based on differing numbers of years out of practice. All nurse anesthetists will be held to the same standard and expectations, including the command of nurse anesthesia knowledge and skill. Modifying the Reentry Program may delay its implementation. Establishing different requirements based on years out of practice will increase the operational expense of the Reentry Program.

OVERALL CPC PROGRAM TOP 3 RECOMMENDATIONS

1. Define AANA and NBCRNA roles and work together. *Rationale: Alleviate anxiety and anger because of the misinformation and negative messaging.*

This recommendation is consistent with the efforts at communication between the AANA CE Committee and NBCRNA CPC Committee. The AANA CE Committee and NBCRNA CPC Committee have an established means of coordination to discuss decisions made by either organization in the process of operationalizing the CPC Program and to communicate those decisions to the certificants. The AANA CE Committee reviews, recommends, communicates, and operationalizes the CE prior approval process, including establishing and enforcing assessment criteria for Class A requirements, which includes the core modules. The NBCRNA only expects that the assessment validates and measures the learning objectives for the CE activity. The NBCRNA is responsible for establishing, operationalizing, and administering certification, recertification, and subspecialty certifications for nurse anesthetists. NBCRNA will be responsible for auditing Class B requirements. The AANA will maintain the tracking of their members' requirements through their existing electronic CE tracking program.

Recommendation 2: 2-3 year moratorium on the CPC program. *Rationale: Many questions and issues surrounding this program need to be addressed. The program should be completely formulated before it is launched.*

The number of outstanding issues is modest and those issues are being addressed in a timely manner. There is no question that the program will be ready to be rolled out on August 1, 2016.

This Task Force recommendation is viewed by the NBCR NA as contrary to the understanding of the December 2014 Memorandum of Understanding. The Memorandum of Understanding between the AANA and NBCR NA announced a moratorium on the CPC Program, moving the start date from January 1, 2016 to August 1, 2016. NBCR NA has delayed implementation of the CPC Program twice, for a total of 1.5 years. A third moratorium would have a significant negative impact for both the AANA and the NBCR NA in terms of past and future operational and communication expenses. Further delay to CPC Program implementation would likely create more confusion, greater anxiety, and reduced trust in the program across multiple stakeholders.

Recommendation 3: Appoint a commission. *Rationale: Stakeholders need to be engaged and there is a great concern about member buy in. A commission or task force to assess stakeholder perceptions, industry trends, and improve acceptance of this program. They could develop recommendations for narrowing the gap that exists between NBCR NA, AANA, and individual CRNAs.*

This will delay the CPC Program. It could also delay acceptance of the program by CRNAs because it would create the expectation that there will be more changes. The NBCR NA believes a commission would be redundant, confusing, costly, and create an unnecessary layer of bureaucracy not needed for this project.

The NBCR NA has consistently stated that it views the CPC Program as evolutionary, and the changes made to the CPC Program since the original draft was released substantiate that view. We have been, and continue to be, open to change informed by input from every stakeholder suggested as a member of the commission, including the AANA, the nurse anesthetist community, and the public, as well as the best evidence as presented in the academic literature and the requirements of our accreditors and regulatory bodies.

As a result of the December 2014 Memorandum of Understanding, opportunities exist for coordination, collaboration, and communication between the AANA and NBCRNA at leadership and at operational levels; for example:

- The AANA CE Committee and the NBCRNA will conduct collaborative surveys to gather feedback from AANA members about the CPC Program.
- Board members and staff from AANA are permanent liaisons to the NBCRNA Board of Directors and participate in those Board meetings.
- Board members and staff from the NBCRNA are permanent liaisons to the AANA Board of Directors and participate in those Board meetings.
- AANA and NBCRNA staff are currently coordinating on topics related to operationalizing the CPC Program.
- The NBCRNA's CPC Chair acts as a liaison on behalf of the NBCRNA to the AANA CE Committee.
- The AANA Senior Director of Education and Professional Development and NBCRNA Chief Credentialing Officer are the points of contact for CE- and CPC-related issues.
- AANA and NBCRNA staff are collaborating on a communication plan to establish frequent and timely communication with nurse anesthetists on CPC and to correct any misinformation about the CPC Program.

The Boards of Directors, the AANA CE and NBCRNA CPC Committees, and the staff from each organization have developed constructive and productive working relationships that should be allowed to develop further without constructing additional layers of bureaucracy.