

Editorial

Who Should Regulate Advanced Practice Nursing?

If advanced practice registered nurses (APRNs) can diagnose and prescribe independently, should they be regulated by a Board of Medicine? Current discussion regarding scope of practice and legislative changes related to APRN practice often lead to this question. Because the answer lies at the heart of regulation, I am devoting my first editorial of the year to answering this question and hoping that this information may assist boards in putting this question to rest.

The knowledge needed by a regulatory board for nurses goes far beyond diagnosing and prescribing. Decision making relies on thorough knowledge of nursing education, certification, professional standards, and scope of practice. Only members of the nursing profession have this level of expertise.

In *Understanding Regulation: Theory, Practice and Strategy*, Baldwin and Cave (1999) describe expertise as an essential component of effective regulation in ensuring public safety. Expertise is derived from the profession. Physicians and APRNs have overlapping knowledge and skills, but as Baldwin and Cave state, "it is the ongoing proximity of links with the profession or membership that keeps expertise honed and information up to date - such ongoing links are unlikely to be sustained when regulators are independent of the regulated group." Throughout the history of professional regulation in the United States, experts chosen from the profession have been responsible for making determinations regarding licensure, practice, and discipline. To entrust these responsibilities to the medical profession is unfair to the APRNs; to the physicians, who have limited knowledge of nursing; and to the public, who expect those with the most knowledge of the profession to make up the regulatory board. To say that physicians can regulate nurses seriously underestimates the complexity and individuality of APRNs and disregards the basic principles of regulation. Despite the overlap in knowledge and skills, the differences between the medical profession and the nursing profession exceed the similarities. Advanced practice nursing is based on a nursing model, and the role of APRNs differs from the role of physicians.

Nursing boards regulate APRNs in 54 jurisdictions in the United States, and there is no evidence indicating that having physicians regulate APRNs could better serve the public. One jurisdiction had an APRN regulatory board that addressed APRN disciplinary cases. Three physicians sat on the board. They were so disinterested and confused by the nursing issues that two of

them consistently failed to attend meetings. This resulted in the APRN board being disbanded and the nursing board handling APRN cases. Since 2007, this nursing board has handled APRN cases skillfully and efficiently.

Having APRNs regulated by the medical board could be misleading to the public. Oversight by the medical profession may imply that nurses fall under the auspices of that profession. Also, given the opposition to APRN independent practice that the American Medical Association and other physician groups have expressed, regulation by the medical board could be perceived as a conflict of interest and compromise the integrity of the medical board.

As Baldwin and Cave note, enforcement should not be separate from the other functions of a board, such as administering licenses, approving nursing education programs, and setting professional standards. Assuming all functions of APRN regulation would be a considerable burden for the medical board. Disconnecting those functions and having the medical board only provide enforcement opposes classic principles of professional regulation.

Regulation of a profession by the profession is a hallmark of regulatory principles in the United States. This system has worked effectively for the last 100 years. Neither evidence nor a substantial argument supports the regulation of APRNs by physicians.

This year, the National Council of State Boards of Nursing (NCSBN) begins an exciting initiative called the Campaign for Consensus. This is a major effort to help boards of nursing adopt the Consensus Model for APRN Regulation. On January 13 and 14, the campaign begins with a kickoff event, which is an APRN summit for boards of nursing and stakeholders. Throughout the next few years, the NCSBN will support boards of nursing in their efforts to align their practice act and regulations with the Consensus Model. We hope you will be a part of this exciting effort. Happy New Year!

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