Certification: Past, present and future implications
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Publication of the monographs from the National Commission on Nurse Anesthesia Education began with the February 1991 issue of the AANA Journal. The main topics for these monographs include the History of Nurse Anesthesia Education, Accreditation, Certification, Current and Future Perspectives on the Educational Framework, Costs/Funding, the Nursing Shortage, CRNA Manpower Study, and Other Issues. The Executive Summary and Recommendations of the Report of the National Commission on Nurse Anesthesia Education were published in the October 1990 issue of the AANA Journal.

In 1942, the National Association of Nurse Anesthetists established a voluntary certification program to safeguard the interests of surgeons, hospitals and the public. Prerequisites for certification included minimum training standards, a valid nursing license and successful completion of a national certification examination. In 1975, the Council on Certification of Nurse Anesthetists was established as an autonomous decision-making body. Certification for nurse anesthetists is now recognized in two-thirds of the states and required by most employers—a factor that makes it vital to establish the job-relatedness of the examination. An innovative and responsible certification process will continue to be needed to address health care issues and advances in testing.

Current issues confronting the credentialing of nurse anesthetists can be more thoroughly understood by reviewing the changes that have occurred in the certification process. Basic to this understanding is an appreciation for the difference between licensure and certification. A nurse anesthetist is licensed to practice as a registered nurse and then is certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists (CCNA).

Licensure refers to a process by which state governments grant permission to individuals to practice their occupation, while certification indicates that a non-governmental agency has granted recognition to an individual who has voluntarily met predetermined qualifications specified by the agency. Some states also recognize specialty licensure for nurse anesthetists, which is granted on the basis of certification and continued recertification.

Certification statutes provide professional identity, public recognition, social prestige and financial rewards. The recognition of certification status reflects its ability to identify important differences between those who possess it and those who do not.

Historically, various issues have influenced the certification program for nurse anesthetists. The ability of the CCNA to address these issues and make appropriate changes has helped establish a very recognizable credential. The aim of this report is to identify past, present and future issues confronting the certification of nurse anesthetists and their effect on (1) the legal and public status of certification, (2) the certification examination and (3) the relationship between certification and the community of interest.

Past

The need to establish a certification program for nurse anesthetists was first noted by Gertrude Fife in 1933. At the first national convention, Fife called for a national board examination for nurse anesthetists. The primary purpose in encouraging nurse anesthetists to take a national examination was to help safeguard the interests of surgeons, hospitals and the public. The successful completion of a national examination would help identify nurse
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anesthetists who were capable of providing appropriate anesthesia care.

Other health care professions were also showing an interest in credentialing. In 1936, the American Board of Surgery and the Council on Dental Education were created and established certification by national examination. Also, licensure for nursing became mandatory, and nurse anesthetists were being referred to as "unlicensed practitioners." The development of a certification program was intended to lead to separate legal status for nurse anesthetists.

In 1942, a voluntary certification program was established for membership into the national association by examination. Current members were granted certification by waiver, while new members had to successfully complete a qualifying examination. Over the next few years, minimum training standards were established to take the qualifying examination. These included a specific period of coursework, hours of classroom instruction, recommended curriculum and number of classes. On June 4, 1945, the first qualifying examination was administered to 92 candidates representing 36 hospitals and 28 states, including Hawaii.

The certification examination was administered by the association's credentials committee. Examination questions were obtained from nurse anesthesia education programs and workshops conducted by the association. In 1956, the term "certified registered nurse anesthetist" (CRNA) replaced "member." The association certified that the nurse anesthetist had met the minimum requirements for admission to membership.

In the late '60s and early '70s more stringent standards were established for certification and accreditation. In 1969, the U.S. Commission of Education for the Department of Health, Education and Welfare published criteria for nationally recognized accrediting agencies and associations. Between 1972 and 1977, the American Society of Anesthesiologists (ASA) challenged the AANA's accreditation and certification programs.

It was thought that nurse anesthesia practice could be standardized by governing the training and certification process. Plans were formalized to develop a competing certification body, but the ASA failed in its challenge of the AANA before the United States Office of Education (USOE). The Federal Trade Commission (FTC) also began monitoring the hearings before USOE and became involved in filing actions against medical groups.

In 1974, USOE revised criteria for recognition of accreditation agencies by the U.S. Commission of Education. As a result of these actions, in 1975 the AANA developed a multidisciplinary credentialing council structure. The Council on Certification of Nurse Anesthetists (CCNA) was formed as an autonomous multidisciplinary body responsible for determining eligibility and granting certification to nurses who seek and qualify for this credential. The current members on the CCNA include two nurse anesthesia educators, four practitioners, two anesthesiologists, a hospital administrator, a public member and a nurse anesthesia student.

Present

Since its inception, the CCNA has been responsible for certifying nurse anesthetists for entry into practice. Current prerequisites for certification as a nurse anesthetist are shown in Table I. Chairman of the Council of Certification have included Patricia Fleming, CRNA (1975-78); Carol Redman, CRNA (1979); Nancy Tierney, CRNA (1979-81); Mary Thaler, CRNAP (1981-84); Martin Yates, CRNA (1985); Francis Gerbasi, CRNA (1986-87) and Diana Morgan, CRNA (1988-present). Current issues confronting the CCNA include increased recognition of certification status, validation of the certification examination and communicating information regarding certification to the community of interest.

It has been said that the true success of a certification program is the recognition it obtains. Currently, 31 states recognize certification of nurse anesthetists in licensure structures, and most employers require certification to practice. In 1983, legislation was passed in the District of Columbia that prohibited the denial of clinical hospital privileges for nurse anesthetists.

In 1986, Ables won a 3-year battle to obtain hospital privileges as a nurse anesthetist in West Virginia. This recognition and pro-competitive trends in the health care market have made certifying agencies concerned that they are meeting antitrust and equal employment guidelines. In an effort to identify certification agencies that are meeting these guidelines, the National Commission on Health Certifying Agencies (NCHCA) was formed.

In 1983, the CCNA applied to the NCHCA and obtained class A membership. Membership indicates that the certification agency has been evaluated by the commission and is deemed to meet all established criteria. In 1988, the NCHCA changed its name to the National Organization for Competency Assurance (NOCA). This certifying branch, known as the National Council for Certifying Agencies (NCCA), is the only independent non-governmental accreditor of bodies engaged in the certification of professional groups (health care and non-health care).

The use of nurse anesthesia certification for employment imposes new requirements on the certification examination. In 1978, the Uniform Guidelines on Employee Selection Procedures, as agreed to by the Equal Employment Opportunity Commission, were used to determine if the registered nursing licensing examination in California had an adverse impact and was job-related. At the same time, technical standards for educational and psychological testing were being established.

These actions pointed to the need for certification examinations, especially those required for employment, to be more defensible. To ensure the job-relatedness of the certification examination for nurse anesthetists, the CCNA started increasing the clinical orientation of the examina-
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...tion by developing more clinical-type questions. Also, in 1983, it became apparent that a defensible certification examination was the joint responsibility of the CCNA and the testing agency serving the council.

To help meet new testing standards and strengthen the certification examination, in 1984 a contract was established with Assessment Systems Incorporated (ASI) to administer the certification examination and start a test validation study. ASI, under the direction of Dr. Thomas Samph, offered new testing technology for item development and examination validation. A task analysis study was performed between 1984 and 1985, and based on the results of this study a revised test blueprint was developed. The reporting of test results also was put on a scaled basis, allowing for the equating of different forms of the certification examination. The December 1987 certification examination employed the revised test blueprint and scaled scoring system.

Currently, there is still work needed to insure a defensible certification examination. The examination committee of the CCNA is seeking new test items from nurse anesthesia educators and practitioners. It also has sponsored workshops at the Assembly of School Faculty and AANA meetings. Starting in 1991, the CCNA will offer an interim exam that anesthesia students can take to evaluate their current knowledge. A questionnaire has also been added to the certification examination to evaluate the testing site, examination content and process.

Since the inception of the CCNA, there have been many changes in the certification of nursing specialties. One dramatic change has been an increase in the number of nursing certification programs. Some of the organizations currently certifying nurses are shown in Table II. Confusion has developed over the increase in nursing specialties and differences in the meaning and method of certification.

Certification for nurse anesthetists and midwives is used to establish minimum competency for entry into practice, while certification in other nursing specialties (e.g., critical care nurses) recognizes excellence in specialty practice. Also, some nursing specialties require an educational program while others necessitate on-the-job experience. Such differences can decrease the significance of nursing certification to employers, the public and nursing colleagues. Uniformity within certification for nursing is an issue that needs to be addressed.

In 1979, the ANA committee for the study of credentialing in nursing recommended the development of a national credentialing center. Such a center would provide for open discussions between nursing certification organizations. In the early 1980s, the National Specialty Nursing Certification Organization (NSNCO) was established as a spinoff of the National Federation for Specialty Nursing Organizations.

Recently, the Macy Foundation funded a committee for the National Board of Nursing Specialties (NBNS). The purpose of this committee is to standardize the certification process for nursing specialties. However, differences in educational requirements and the length of educational programs have slowed the committee's development. The CCNA has been actively involved in NSNCO since its establishment. In addition, John F. Garde, CRNA, MS, AANA executive director, is currently working on the Macy Foundation project.

States also differ in their methods of authorizing advanced nurse practice roles. In 1984, the National Council on the State Boards of Nursing proposed a model suggesting guidelines for advanced nursing practice. These included a master's degree in nursing and national certification. Currently, most states identify a certifying agency for specialty practice, but this can mean naming the membership of organizations, rather than the specific certification council, as the "appropriate credentialing body." The CCNA has attempted to address this confusion by maintaining continuous communication with state regulatory boards and monitoring regulatory changes.

Common issues shared by certification and the community of interest have also influenced the certification process. In 1985, the president of the ASA sent a letter to the CCNA stating that ASA would no longer send a slate of nominees to the CCNA. This caused temporary difficulties in getting anesthesiologists for the council until a new mechanism could be developed. Currently, anesthesiologists are obtained by soliciting nominees directly from the anesthesia community. In addition, changes in the certification examination have raised questions among nurse anesthesia educators regarding the best curriculum design and instructional methods to prepare their students. Also, differences in opinion between the CCNA and those in the professional organization have resulted in occasional conflicts. To resolve these matters it has become imperative that open communication and negotiations be encouraged.

Future

The provision of health care 10 years from now may bear little resemblance to the way it is provided today. Antitrust trends may encourage new and previously disfavored health care professions. More competition among health care workers will increase the choices health care consumers (e.g., patients, hospitals, third-party payers) have in selecting providers. The consumer will have to determine what type of specialized personnel can best serve his/her needs.

In the future, the recognition of certification status and its role in ensuring the public's welfare will become more important. Hospitals that provide credentials to allied health providers must be able to ensure that practitioners are competent to provide anesthesia services. Along with the applicant's credentials, certification will provide a mechanism for determining entry level competence. States will place more emphasis on certification to ensure public safety, as they become more concerned with paying...
Table I
The prerequisites for certification as a nurse anesthetist as set forth by the Council on Certification of Nurse Anesthetists

1. The applicant must be a registered professional nurse, holding a current valid license as required by the state in which the individual practices, or otherwise comply with legal requirements of the state to practice therein, or be exempt from such requirements by state law. (As an example of exemption, nurses working in United States government hospitals may practice on the basis of licensure in any state, not necessarily the one in which the hospital is located.) In addition, the individual must be in good standing with the State Board of Nursing, with no action pending or in effect against the license which could adversely impact on the individual's legal right to practice.

2. The applicant must be a graduate of a nurse anesthesia educational program/school accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools. The applicant must have met all the criteria and requirements in theory and clinical practice in order to apply for certification.

3. The applicant must be in good ethical standing within the profession.

4. The applicant must pass the comprehensive Certification Examination administered by CCNA, demonstrating basic scientific knowledge of and competent judgment in nurse anesthesia practice.

Table II
Organizations that certify nurses

1. American Association of Critical Care Nurses
2. American Board of Neuroscience Nursing
3. American Board of Occupational Health Nursing
4. American Board of Urologic Allied Health Professionals
5. American College of Nurse Midwives
6. American Nurses' Association Committee of Examinations for Certification in Community Health
7. American Society for Parenteral and Enteral Nutrition
8. National Certification Board of Perioperative Nursing
9. American Society of Ophthalmic Registered Nurses
10. American Board of Postanesthesia Nurses
11. Board of Nephrology Examiners for Nurses and Technicians
12. Certification Board for Emergency Nursing
13. Certification Board for Nurses in Enterostomal Therapy
14. Certification Board for Practitioners in Infection Control
15. Certification Board of Rehabilitation Nurses
17. Certification Board of Orthopaedic Nurses
18. National Board of Pediatric Nurse Practitioners and Associates
19. National Intravenous Association Incorporated
20. Nursing Association of the American Council of Obstetricians and Gynecologists Certification Corporation
21. Oncology Nursing Certification Corporation
22. Professional Certification Committee, American College of Health Care Administrators (Nursing Home Nurse Administrators)
23. Certification Council for Gastroenterology Clinicians
24. National Board for Certification of School Nurses
25. National Nurses Society on Addiction
26. Plastic Surgical Nursing Certification Board

than with regulatory issues. It is likely that less distinction will be seen between health care occupations as providers compete for hospital services and scopes of practice are expanded.

These trends will require certification programs to be more concerned with meeting anti-discrimination guidelines and antitrust laws. Certifying agencies will have to monitor state regulatory activities closely and be ready to address issues as they develop. Standards for certification will have to be based on objective information, and the certification process will be required to ensure a valid examination.12

The process used to develop the certification examination will have to be flexible and innovative to meet future demands. Technological advances will change the standards for anesthesia practice and examination testing techniques. The future knowledge and skills required upon entry into nurse anesthesia practice will advance, along with technological and pharmaceutical developments. Periodic objective evaluation and updating of the certification examination will be needed to ensure current job relevance. Ongoing development of new test items will be required to reflect current practice. Testing technology will move toward more accurate measurement of indices of performance, rather than dependence on rote memory. Computerization capabilities also may give new dimensions to the testing process.

More interprofessional disputes are likely to occur as health care professionals compete for hospital privileges and reimbursement rights. Future changes in certification may raise tensions and questions from physicians, nurse anesthesia practitioners, educators and professional associations regarding certification activities. To resolve these issues, more information-sharing and communication will be needed.

The CCNA will have to remain involved in certification organizations (e.g., NSNCO, NBNS, NOCA) and
share certification issues with the community of interest. It must be able to address these issues through debate and negotiation, while retaining its ability to make autonomous certification decisions.

Since its inception in 1942, certification for nurse anesthetists has addressed many issues and trends, while maintaining and preserving its basic role of protecting the public. The use of experts in legal and testing areas, along with input from the community of interest, has guided decisions. Present and future issues will necessitate continued evaluation of the certification process. The autonomy of the CCNA must be ensured and open lines of communication maintained with the community of interest. To keep a strong certification program, the CCNA must continue to be innovative, open and responsible. These qualities, along with the dedicated work of the members of the CCNA, will ensure a certification process that will meet current and future needs.

REFERENCES