

The Anesthesia Program Approval Process (APAP) of the International Federation of Nurse Anesthetists (IFNA)

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Impact of Nurse Anaesthetists (NAs) and Non-Physician Anaesthesia Practitioners (NPAPs) to anaesthesia care worldwide

A high number of countries reported a total anaesthesia provider number (physician and non – physician) of less than 5 per 100,000 population. This highlights that over 5 billion people worldwide do not have access to safe, affordable surgical care when they need it most (www.surgeons.org/foundation).

Fifty of seventy-seven countries reported the use of NAs and NPAPs. The numbers are likely to have been underreported in a number of countries. It is a fact that NPAPs and NAs account for a large proportion of the anesthesia workforce, especially in countries with limited resources. The required scaling up of the global anesthesia

workforce will not be possible to achieve by training only Physician Anesthesiologists. Training of both groups (physician and non – physician) will be required.

Unfortunately the non-physician anesthesia workforce is still a heterogeneous group ranging from highly trained NAs and NPAPs to health workers or nurses with very brief on – the – job training. The latter makes unsafe anesthesia practice very likely (1).

IFNA Global Standards

Patient care requires coordination, which demands unprecedented teamwork. Health professionals, such as nurse anesthetists, are service providers who link people to technology, information, and knowledge. They are caregivers, communicators, educators, team members, managers, leaders, and policy makers.

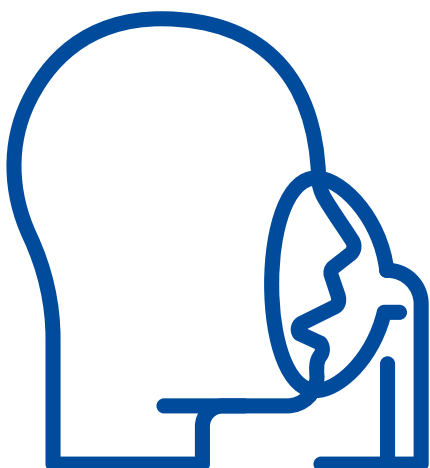
Major shifts in medical education have seen the implementation of outcome-based curricula, mainly for societal and accountability reasons. The outcome-based or competency-based approach requires defining explicit outcome goals which provide a specific strategy to define the scope of practice. They are essential for curriculum planning. They offer several advantages such as engaging a wide range of stakeholders, and support the trend toward greater accountability and quality assurance. IFNA developed professional standards defining the scope of practice right at its start and revised them on a regular basis. The actual standards on education for preparing nurse anesthetists, standards of practice, monitoring, and code of ethics are written

to accommodate the major variance in the scope of nurse anesthesia practice worldwide. (<https://ifna.site/app/uploads/2015/08/IFNA-STANDARDS-2016.pdf>).

IFNA's Anesthesia Program Approval Process (APAP)

The IFNA believes that it is possible to improve the health and welfare of humanity by promoting international educational standards (outcome goals) for non-physician anesthesia programs. IFNA recognizes the commitment of diverse programs throughout the world to a common standard of educational quality which is possible due to an outcome based international framework. The economic stage of development of a country, the resources available to individual programs and the diversity of health politics are taken into account. (<http://ifna.site/app/uploads/2017/06/Operational-Policies-APAP-June-2017.pdf>).

For these reasons the International Federation of Nurse Anesthetists (IFNA) launched an Anesthesia Program Approval Process (APAP) to advance the acquisition of scientific nursing knowledge by all students learning to administer anesthesia. The preparation of individuals to provide anesthesia care is important to help decrease critical shortages of health care workers that have left many people in the world without safe and affordable anesthesia and surgery. APAP is suggested as an example of how the nursing profession can help alleviate the health care shortage by promoting professional quality improvement systems.



IFNA's Anesthesia Program Approval Process (APAP) offers three levels of approval for a duration of five years:

1. Registration: the program's course material and curriculum is not audited and posted for information only
2. Recognition: the program's course material and curriculum is audited online. Student and faculty evaluations are carried out electronically. The IFNA standards have to be met substantially
3. Accreditation: the program is audited online. Student and faculty evaluations are carried out electronically. Additionally the program has to host an on-site of two IFNA visitors and all standards have to be met.
4. Deemed Accreditation Status: If official governmental or non-governmental standards for nurse anesthesia education are equivalent to or exceed IFNA's Education Standards, an individual program may be deemed to have met the requirements for IFNA's Level #3 Accreditation. A nurse anesthesia program with Deemed Accreditation Status will have all the privileges of an accredited program. Title of award: Level #3 IFNA Accreditation.

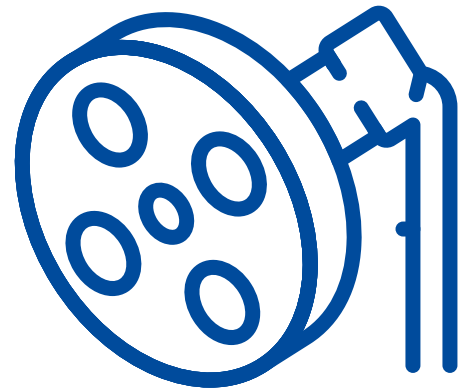
Criteria for seeking Level #3 Accreditation through the Deemed Accreditation Status option include the following:

- Confirmation that the applicant program meets eligibility requirements for IFNA Level #3 Accreditation.
- A current copy of the official correspondence from the accrediting or quality assurance agency that confirms its approval of the nurse anesthesia program based on meeting the required standards.
- A comparison (crosswalk) of the official education standards, under which the applicant program operates, is found to be at least equivalent to IFNA's Education Standards. This is done by IFNA.
- The comparison will be forwarded to the IFNA President for approval by the Board of Officers (The IFNA Board of Officers can act for the Executive Committee and CNR between meetings).

There is a non-refundable application fee of 1500 Swiss Francs payable on submission of an application for this category of accreditation. In addition, a fee of 1500 Swiss Francs is payable every 5 years during the renewal process.

<https://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/>

The reviewing body of IFNA is the Education Committee. It is the Federation's goal to have at least one program registered/recognized / accredited in every member country.



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References

- 1) The WFSA Global Anesthesia Workforce Survey. Peter Kempthorne, MBChB, FANZCA,*† Wayne W. Morriss, MBChB, FANZCA,†‡Jannicke Mellin-Olsen, MD, DPH,†§ and Julian Gore-Booth, MA† . September 2017 • Volume 125 • Number 3 www.anesthesia-analgesia.org