The definitions:

Independent—No requirement for a written collaborative agreement, no supervision, no conditions for practice.

Collaborative—Any time a written agreement exists which specifies scope of practice and medical acts allowed with or without a general supervision requirement by an MD, DO, DDS or podiatrist.

Supervised—Direct supervision required in the presence of a licensed MD, DO, DDS, or podiatrist, with or without a written practice agreement.

No authority—This category was assigned to RNs who have a master’s degree and/or national certification and the state legislation grants title protection, but these individuals are only allowed to practice at the level of RN (i.e., CNSs). This category was also used when an APRN was not eligible for prescriptive privileges (i.e., CNSs and CRNAs).

**Practice-related Discipline**

A total of 67 APRNs were disciplined for practice-related reasons in the 43 participating jurisdictions in 2009. Table 5 illustrates the number of APRNs disciplined according to their level of practice autonomy. The overall rate of APRN discipline for practice related issues is 0.036%, a very small percentage, indicating APRNs provide safe care. While all three autonomy levels of APRNs had a discipline rate of less than a tenth of a percent over the year, independent practitioners were disciplined more frequently than their collaborative or supervised counterparts (0.068%, 0.029%, and 0.035% respectively).

Table 5. APRNs disciplined for *practice* related reasons

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of APRNs disciplined | Total number of APRNs | Rate of discipline |
| Independent | 21 | 30,950 | 0.068% |
| Collaborative | 38 | 130,947 | 0.029% |
| Supervised | 8 | 22,874 | 0.035% |
| **Total** | **67** | **184,771** | **0.036%** |

*Note.* 67 of 184,771 (0.036%) APRNs were disciplined for practice-related reasons.

Logistic regression with dummy coding was used to investigate the effects of level of practice autonomy (i.e., independent, collaborative, and supervised) on practice-related discipline (i.e., disciplined or not disciplined), where collaborative was the reference group. Given high sample size, non-random assignment to groups, and extremely low overall discipline rates, results should be interpreted with caution. Table 6 presents the results which indicated that level of practice autonomy reliably distinguished whether practitioners were disciplined or not, χ2 (2, *N* = 184,771) = 9.87, *p* = .007. Specifically, independent practioners were significantly more likely to be disciplined versus collaborative practitioners (*B* = .85, *SE* = .27) (odds ratio, 2.34); where independent practitioners were 2.34 times more likely to be disciplined versus collaborative practitioners. There was no significant difference between collaborative practitioners and supervised practitioners (*B* = .19, *SE* = .39) (odds ratio, 1.21).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 6 | | | | | | |
| *Summary of Logistic Regression Analysis for Level of Practice Autonomy Predicting Practice-related Discipline* | | | | | | |
| Predictor | *B* | *SE B* | Wald’s  *χ2* | *df* | *p* | *eB*  (odds ratio) |
| Constant | 7.11 | .45 | 253.88 | 1 | .000 |  |
| Level of practice autonomy |  |  | 9.87 | 2 | .007 |  |
| Independent vs. collaborative | .85 | .27 | 9.77 | 1 | .002 | 2.34 |
| Supervised vs. collaborative | .11 | .47 | .05 | 1 | .817 | 1.21 |

*Note.* To obtain the odds ratio for the independent versus supervised groups (odds ratio, 1.94, *p* = .110), the analysis was re-run where the supervised group was coded as the reference group in the dummy variables.

**Prescribing-related Discipline**

The 63 APRNs who were disciplined by BON in 2009 for prescribing reasons were compared according to their level of prescriptive authority. These results are included in Table 7. Again, the overall rate of discipline among APRNs is very low—0.034%, indicating that APRNs are safe prescribers. A total of 63 APRNs were disciplined by boards of nursing in 2009 for prescribing related reasons. Independent APRN prescribers had the highest rate of discipline (0.060%), followed by collaborative prescribers (0.034%), and supervised prescribers (0.027%).

Table 7. APRNs disciplined for *prescribing* related reasons

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of APRNs disciplined | Total number of APRNs | Rate of discipline |
| Independent | 11 | 18,400 | 0.060% |
| Collaborative | 46 | 136,460 | 0.034% |
| Supervised/None | 6 | 29,911 | 0.027% |
| **Total** | **63** | **184,771** | **0.034%** |

*Note.* 63 of 184,771 (0.034%) APRNs were disciplined for prescribing-related reasons.

Logistic regression with dummy coding was used to investigate the effects of level of practice autonomy (i.e., independent, collaborative, and supervised) on prescribing-related discipline (i.e., disciplined or not disciplined), where supervised was the reference group. Given high sample size, non-random assignment to groups, and extremely low overall discipline rates, results should be interpreted with caution. Table 8 presents the results which indicated that level of practice autonomy *marginally* distinguished whether practitioners were disciplined or not, χ2 (2, *N* = 184,771) = 5.07, *p* = .079. Given that this test approached significance, group comparisons were made, however, should be interpreted with caution. Specifically, independent practioners were significantly more likely to be disciplined versus supervised practitioners (*B* = 1.09, *SE* = .51) (odds ratio, 2.98); where independent practitioners were 2.98 times more likely to be disciplined versus supervised practitioners. There was no significant difference between collaborative practitioners and supervised practitioners (*B* = .52, *SE* = .43) (odds ratio, 1.68).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 8 | | | | | | |
| *Summary of Logistic Regression Analysis for Level of Practice Autonomy Predicting prescribing-related Discipline* | | | | | | |
| Predictor | *B* | *SE B* | Wald’s  *χ2* | *df* | *p* | *eB*  (odds ratio) |
| Constant | 6.90 | .53 | 170.52 | 1 | .000 |  |
| Level of practice autonomy |  |  | 5.07 | 2 | .079 |  |
| Independent vs. supervised | 1.09 | .51 | 4.63 | 1 | .031 | 2.98 |
| collaborative vs. supervised | .52 | .43 | 1.43 | 1 | .232 | 1.68 |

*Note.* To obtain the odds ratio for the independent versus collaborative groups (odds ratio, 1.77, *p* = .088), the analysis was re-run where the collaborative group was coded as the reference group in the dummy variables.

**Physician versus APRN Reporting Rates**

The number of NPDB and HIPDB reports were compared for APRNs and physicians. Table 9 depicts the number of discipline NPDB and HIPDB reports, and the number of healthcare providers for all 51 jurisdictions over a five month period of time, August 1, 2009 through January 3, 2010.

Logistic regression with dummy coding was used to investigate the effects of level of practice (i.e., physician and APRN) on NPDB reporting (i.e., reported or not reported). Results indicated that level of practice reliably distinguished whether practitioners were reported or not, χ2 (1, *N* = 1,271,944) = 611.63, *p* = .000. Specifically, physicians were significantly more likely to be reported versus APRNs (*B* = 2.27, *SE* = .09) (odds ratio, 9.70); where physicians were 9.70 times more likely to be reported versus APRNs. Additionally, logistic regression with dummy coding was used to investigate the effects of level of practice (i.e., physician and APRN) on HIPDB reporting (i.e., reported or not reported). Results indicated that level of practice reliably distinguished whether practitioners were reported or not, χ2 (1, *N* = 1,271,944) = 217.71, *p* = .000. Specifically, physicians were significantly more likely to be reported versus APRNs (*B* = 1.89, *SE* = .13) (odds ratio, 6.59); where physicians were 6.59 times more likely to be reported versus APRNs.

Despite these significant differences, unlike comparing independent, collaborative, and supervised APRN practitioners – which are similar roles. Physicians and APRNs have different roles and requirements (e.g., physicians may take more difficult/serious cases), which may explain any difference in reporting rates.