

# A Preferred Future for Prelicensure Nursing Program Approval: Part I. Recommendations

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## **EXECUTIVE SUMMARY**

NCSBN's Board of Directors (BOD) convened a Nursing Education Committee in September 2011 and charged it to:

- Analyze and present data from Member Boards regarding implementation of education program regulations that result in initial and continued approval compliance actions.
- Examine differences between boards of nursing (BONs) requirements and accreditation standards for nursing education programs approved by Member Boards.
- Assess the current and future purpose and focus for BON approval of nursing education programs.

The Nursing Education Committee integrated their findings into a report updating NCSBN's 2004 white paper (NCSBN, 2004) on the approval processes in BONs. Since that time, there has been more research supporting evidence-based nursing education strategies and two major national reports (Benner, Sutphen, Leonard, & Day, 2010; Committee, 2011) on nursing education. Both national reports call for nurses to have higher levels of nursing education and a system that promotes seamless academic progression. The Institute of Medicine (IOM)'s Future of Nursing report recommends that by 2020, 80 percent of the nursing workforce be educated with a baccalaureate degree. In order for nurses to continue their education, they must graduate from accredited nursing programs.

Since 2004, approval process models used by BONs have changed and increased from the five outlined in the white paper to the seven reflected in Appendix 1. The majority of BONs continue to approve nursing education programs separately from national nursing accreditation. Yet, in a 2011 comprehensive survey to BONs (N=51; Appendix 2), a majority of BONs see collaboration with the accreditors as their preferred future for program approval.

The differences between accreditation and approval are outlined and a crosswalk of the standards between the national nursing accreditor's standards, the NCSBN model education rules and NCSBN's Member Board Profiles is provided.

Recommendations for BONs were identified and include:

1. Work toward requiring national nursing accreditation of all prelicensure nursing programs (licensed practical/vocational nurse [LPN/VN], associate degree in nursing [ADN], diploma, baccalaureate and master's entry) by the year 2020.
2. BONs would retain the following responsibilities:
  - Have statutory authority over nursing programs;
  - Make initial approval visits and decisions;
  - Make individual or joint visits with the accreditors for complaints or issues that arise; and
  - Accept the accreditors' annual and site visit reports.
3. NCSBN will support the BONs as they move toward requiring national nursing accreditation by:
  - Establishing best practices for assisting nonaccredited programs to become accredited;
  - Assessing the funding situation for programs to become accredited and develop some recommendations for BONs;
  - Developing guidelines for BONs to make joint visits with the accreditors;
  - Meeting with national nursing accreditors to develop a shared understanding so that requiring accreditation will be successful; and
  - Hosting a conference with national nursing accreditors, BONs and educators to dialogue about how to make the accreditation requirement a success.

In summary, if the BONs were to harmonize their processes with national nursing accreditors, they could benefit by saving on resources expended during the approval process and still protect the public.

## INTRODUCTION

In 2004 NCSBN published a white paper (NCSBN, 2004), approved by the BOD, which appraised the status of the prelicensure approval processes in BONs. This white paper explored the history of the approval process in BONs; reviewed earlier work by NCSBN on the approval process, including that of the Practice, Education and Regulation in Congruence Committee; analyzed the International Council of Nursing (ICN)'s perspective on approval; and identified five models that BONs were then using to approve nursing programs. The IOM competencies across health care professions (Greiner & Knebel, 2003) had just been released (patient-centered care, interdisciplinary teams, evidence-based practice, informatics and quality improvement), and one recommendation for the future was that approval processes should incorporate these in their program assessments. The paper also examined new education programs that were being developed at the time (clinical nurse leader, doctorate of nursing practice) and recommended moving toward evidence-based nursing education practices. Additionally, the paper addressed the possibility of program approval for APRN programs.

Nursing has made great strides since that paper was published. The clinical nurse leader and doctorate of nursing practice programs are flourishing, and the APRN Consensus Model (Chorniak, 2010) has recommended preapproval of programs by the national nursing accrediting bodies. The body of research supporting nursing education has grown (Adams & Valiga, 2009; Ard & Valiga, 2009; Benner et al., 2010; Halstead, 2007; Lasater & Nielsen, 2009; Oermann, M., 2007; Schultz, 2009), thus providing more foundation for nurse educators, though much more needs to be done to advance nursing education into the future (Benner et al., 2010; Committee, 2011). This updated report on approval processes makes some bold evidence-based recommendations for the future.

## BACKGROUND

Recently the approval process has presented some challenges to BONs (Smyer & Colosimo, 2011). New programs are burgeoning<sup>1</sup> (Spector, 2010), taking much BON staff time, and yet state resources are shrinking. According to a survey sent to the BONs (Appendix 2), BONs estimate it costs them, on average, \$2,000 for each initial approval of a program and \$1,800 for continuing approval. The question was asked: Why are BONs involved in the approval process? Based on these concerns, the NCSBN BOD convened the Nursing Education Committee and charged it with the following:

1. Analyze and present data from Member Boards regarding implementation of education program regulations that result in initial and continued approval compliance actions.

<sup>1</sup> NCLEX® program codes show that 264 new registered nurse (RN) programs and 320 new programs were established between 2001-2005 while 421 new RN programs and 388 new LPN/VN programs were established between 2006-2010.

2. Examine differences between BONs requirements and accreditation standards for nursing education programs approved by Member Boards.
3. Assess the current and future purpose and focus for BON approval of nursing education programs.

In order to answer the preceding questions, the following evidence was collected and reviewed from September 2010 to March 2011:

- Conducted comprehensive survey sent to all BONs with a response rate of 51 (see Appendix 2);
- Held a collaborative conference call with the two national nursing accreditors (National League for Nursing Accrediting Commission [NLNAC] and the Commission on Collegiate Nursing Education [CCNE]) on Jan. 18, 2011, to clarify questions about the accreditation process with follow-up written responses to questions;
- Reviewed past NCSBN work, including a white paper (NCSBN, 2004) on approval, book chapter on approval (Spector, 2010) and two surveys sent to education consultants from 2010 (joint site visits) and 2009 (fees for approval);
- Held conference calls with the education consultants from the BONs to discuss advantages and disadvantages of joint site visits;
- Asked nurse leaders (Patricia Benner, PhD, RN, FAAN, Carnegie Study of Nursing Education; Susan Hassmiller, PhD, RN, FAAN, Robert Wood Johnson Foundation; Polly Bednash, PhD, RN, FAAN, American Association of Colleges of Nursing; and Beverly Malone, PhD, RN, FAAN, National League for Nursing) to respond to questions about the preferred future of the approval process;
- Held conference calls with staff from BONs that currently require accreditation to learn of the advantages and any challenges or issues;
- Reviewed IOM Future of Nursing report (Committee, 2011);
- Reviewed Carnegie Study of Nursing Education (Benner et al., 2010);
- Reviewed current and proposed NCSBN model education rules and met with the Model Act & Rules Committee to discuss our mutual charges;
- Reviewed Member Board Profiles chapter on education; and
- Analyzed crosswalks for approval versus accreditation from Texas and Minnesota Boards of Nursing.

## **AN ANALYSIS OF THE CONTEXT OF THE BON APPROVAL PROCESS**

Most BONs have authority to grant initial and continuing approval of nursing education programs. Exceptions are the Mississippi and New York State Boards of Nursing, which are not involved in program approval as this is done by another state agency in those states. Additionally, the Florida Board of Nursing is engaged in initial program approval (only if a nursing education program is not nationally accredited) and continuing approval under specific statutory guidelines.

This regulatory mandate varies across states. See Appendix 1 for the seven approval models that were identified and how many BONs are in each category. No significant differences ( $p=0.8$ ) were found in NCLEX<sup>®</sup> pass rates across the templates, though there were small numbers in some of the categories.

In a February 2011 survey of BONs (Appendix 2), 27 out of 53 respondents approve programs separately from the national nursing accreditors, NLNAC and CCNE. Additionally, 100 percent of respondents indicated that they do the initial approval of nursing programs. Fewer (35 of 50 respondents), however, approve nursing education programs on a continuing basis.

When asked in the survey (Appendix 2) about their "preferred future" for program approval, fewer BONs preferred the separate approval process (37 percent), while the majority preferred a collaborative model (61 percent) and more consistency among BONs. For example, one survey respondent said, "I'd like to see a conference devoted to approval of education programs...the nitty gritty. I realize states differ, but there must be some general guidelines." Yet, they report that they were satisfied with their current initial and continuing approval processes (67 percent and 84 percent, respectively). These findings suggest the BONs perceive that their current approval model is accomplishing their missions of public protection, though they are interested in evaluating additional models as they move into the future.

BONs approve nursing programs as part of their mission of public protection. BONs recognize that nursing is a practice discipline where clinicians make life and death decisions daily about patients. Additionally, BONs are concerned about patient safety, which has become a national focus in health care; medical injuries affect 10 percent of hospitalized patients and cause hundreds of thousands of deaths per year (Leape, 2009). Therefore, maintaining standards of nursing education programs is crucial for public protection because nurses are often the last line of defense for the patients (Benner et al., 2010).

Yet, some have asked, Why is nursing one of the only professions to be involved in program approval? In most other professions, such as medicine, pharmacy or physical therapy, the regulatory boards do not approve their programs. After all, the national nursing accreditors, NLNAC and CCNE, evaluate many of the same parameters that BONs review. One difference is that unlike many health care professions, prelicensure nursing programs generally are at the undergraduate level; thus, there are many more nursing programs to track.<sup>2</sup> Further, nursing has two accrediting bodies<sup>3</sup>, whereas most other health care professions have one and accreditation is not required in most states. Also unlike other health professions, nursing has multiple points of entry and exit, including LPN/VN (diploma or associate degree), diploma, associate degree and baccalaureate or master's educated RNs. Considering this last point, if nursing is to move to 80 percent baccalaureate educated nurses by 2020 as recommended by the IOM's Future of Nursing report (Committee, 2011), then the accreditation of programs will be an important factor for promoting educational mobility.

However, a more comprehensive answer to this question lies in the heart of nursing regulation. Licensure in nursing is a two-pronged system. In order for nursing graduates to be eligible to take the NCLEX, the U.S. nursing regulatory model dictates that the new nurse must show evidence of graduating from a BON-approved nursing program. By making students eligible to take the NCLEX, nursing faculty verify that nursing students are competent to practice. Therefore, nurse educators have enormous power in the licensure model in the U.S. BONs rely on each other to make sound program approval decisions so that mobility across jurisdictions can be as seamless as possible.

There is no doubt that redundancy exists between program approval by BONs and national nursing accreditation. A summary comparison of NLNAC, Commission on Collegiate Nursing Education (CCNE), NCSBN model education rules (adopted by NCSBN's membership) and Member Board Profiles (a comparison of education requirements across jurisdictions) can be found in Appendix 3; this summary highlights many of the overlaps between BON approval and accreditation. If the BONs were to harmonize their processes with the national nursing accreditors, they could benefit by saving on resources expended during the approval process, while still protecting the public.

While there is redundancy in program approval and accreditation, there are also uniquenesses that support the BONs having legal authority in the approval process. These are highlighted below:

- The missions of national nursing accreditations and BONs approval differ; the accreditors assess quality and continuous quality improvement, while BONs, with their missions of public protection, evaluate and enforce standards.
- BONs are strategically positioned to assure that all of these programs meet standards. BONs are particularly in close touch with developing programs.
- BONs, by virtue of being state/jurisdiction-based, have the unique opportunity of being able to understand the nursing education issues in that specific jurisdiction, as compared to the national accreditors.
- National nursing accreditation is voluntary in most states, while BON approval is required. Were approval removed from the authority of the BON, some programs (particularly practical nursing and associate degree nursing) would have no oversight at all.
- The national nursing accreditors do not have the authority to close nursing programs that don't meet their standards, while BONs have this legal authority over programs. In medicine, for example, if a school is not accredited, it affects their federal funding, so the school immediately reacts.
- BONs often investigate fraudulent nursing programs, working closely with state agencies to issue cease and desist orders.
- A BON's oversight of nursing education programs serves the public's best interest by curtailing programs that are shown to have high attrition and/or licensure exam failure rates.
- BONs share information about fraudulent programs through conference calls and webinars and they are able to communicate with each other about questionable programs through NCSBN's Members-only, Web-based program, the Falsified Identity Tracking System (FITS).

## THE FUTURE OF APPROVAL

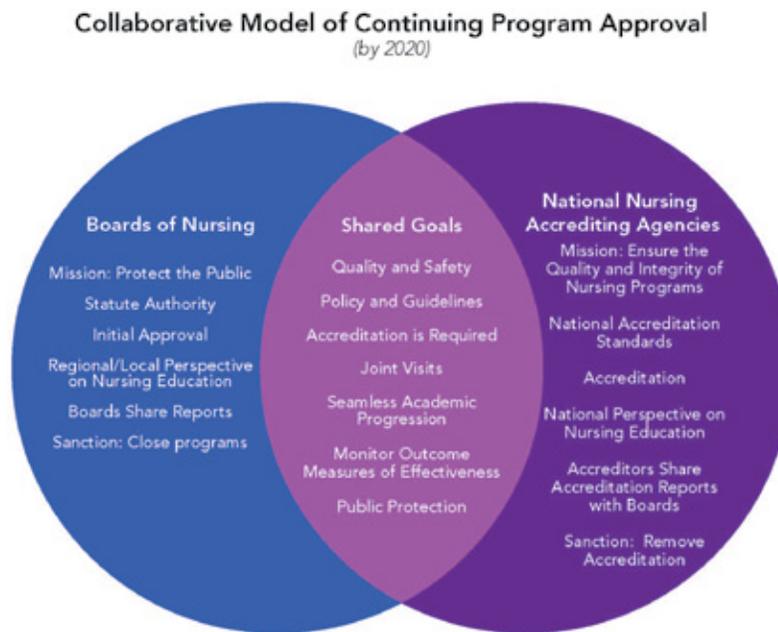
Given recent calls for innovations in nursing education (Benner et al., 2010; Committee, 2011) and the BONs' desires to consider a new model for the future (Appendix 2), the time is ripe for BONs to work toward harmonizing their approval processes with the national nursing accreditors. Therefore, based on the evidence reviewed, NCSBN recommends requiring national accreditation by 2020. This date is in line with the IOM's Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (Committee, 2011). If nurses from LPN/VN, ADN or diploma program graduate from nonaccredited programs, it will be more difficult for them to further their education.

<sup>2</sup> In 2010 there were 197,775 RN and 82,519 LPN/VN candidates who passed the NCLEX.

<sup>3</sup> The Carnegie Study of Nursing Education recommends collaboration between the two national nursing accrediting bodies to ensure that articulation efforts are successful (Benner et. al, 2010, p. 229).

It is clear, however, that this change cannot be accomplished quickly and will require working with NLNAC, CCNE, educators and BONs. Currently statistics show (See Appendix 4) that whereas most Bachelor of Science in Nursing (BSN) programs are accredited (some are accredited by both CCNE and NLNAC) 54 percent of ADN programs, 78 percent of diploma programs, and only nine percent of LPN/VN programs are accredited, so there is much to be done. For this to happen, BONs, NLNAC, CCNE and educators need to collaborate to create a shared understanding. As Benner et al. recommended in their study of nursing education, it would be essential for CCNE and NLNAC to work together cooperatively in order to promote seamless academic progression, as well as to develop consistency between their standards (2010).

See the figure below for a visual description of the preferred future for approval. Some of the unique differences between the BON approval process and national nursing accreditation can be seen in the stand-alone sections of the two circles. The overlap of the circles is larger, and represents the shared responsibilities and accountabilities of BONs and the accreditors, and is the preferred future of the BON program approval.



Premises for the preferred future for approval include:

1. Accreditation and BONs enhance patient safety and quality of programs.
2. BONs have legal authority over programs in their missions of public protection.
3. There is a need for more consistency in education rules and regulations to promote seamless transitions between jurisdictions.
4. There is a considerable overlap of the BONs' and accreditors' standards and requirements.
5. Utilization of resources will be improved by reducing duplication of continuing approval processes.
6. Articulation is fostered when students graduate from accredited programs.

The recommendations for BONs include:

1. Work toward requiring national nursing accreditation of all prelicensure nursing programs (LPN/VN, ADN, diploma, baccalaureate and master's entry) by the year 2020.
2. BONs will retain the following responsibilities:
  - Have statutory authority over nursing programs.  
Rationale: National nursing accreditors only have the authority to deny accreditation; they cannot stop a program from operating.
  - Make initial approval visits and decisions.  
Rationale: BONs are better able to understand the local/regional issues in their jurisdictions than accreditors are, particularly related to feasibility of approving new programs, the scarcity of clinical placements and qualified faculty, the increasing numbers of fraudulent programs, etc.

- Make individual or joint visits with accreditors for complaints or issues that arise.

Rationale: When the national nursing accreditors monitor programs between accreditation cycle, BONs can receive complaints, hear about sudden faculty or student attrition, or other critical situations.

- BONs will not require a separate report from the programs, but instead will review the accreditors' annual and site visit reports.

Rationale: There is duplication between BONs and accreditors' annual and approval reports, creating more work for faculty and BONs.

### 3. NCSBN will support the BON in this endeavor:

- The Nursing Education Committee will establish, for BONs, best practices for assisting nonaccredited programs with becoming accredited.
- A major concern for some programs will be funding. The Nursing Education Committee will assess the funding situation and develop some recommendations for BONs.
- NCSBN will work with accreditors to develop guidelines for BONs to make joint visits with accreditors. This will be a first step as BONs move forward with requiring accreditation in order to learn about the process. According to the NCSBN survey, currently only 23 BONs make joint visits with accreditors. BONs also may want to make joint visits with accreditors occasionally, once they begin to require accreditation.
- The Nursing Education Committee will meet with the national nursing accreditors to work out some issues so that requiring accreditation will be successful.
  - Currently accreditation reports are not shared with BONs. The BONs, given their legal authority of program approval, want to see a summary of the accreditors' reports.
  - During a faculty shortage, many BONs give program waivers/exemptions for meeting faculty qualifications. Accreditors, by virtue of their missions to evaluate program quality, have more rigorous standards. Some level of understanding will need to be developed so that programs that struggle to find qualified faculty can stay open if their outcomes are satisfactory.
  - Given that nursing is a practice profession, BONs require sufficient clinical experiences at the level of licensure being sought to meet program outcomes (NCSBN, 2005). The accreditors and BONs need to develop a shared understanding of this requirement.
  - Develop cooperation between the accreditors' reporting of data and accreditation cycles.
  - Accreditors expressed interest in NCSBN working with them to collect annual pass rate data.
- NCSBN will host a conference with national nursing accreditors, BONs and educators to dialogue about BONs requiring national nursing accreditation, and to begin a conversation about setting quality indicators for nursing education programs.

## CONCLUSION

BONs currently use seven different models for approving nursing programs, and nursing education rules and regulations in BONs are not consistent across jurisdictions. As nursing moves to the future and implements the IOM's Future of Nursing report, it will become essential for students to graduate from accredited programs. Now is the time for BONs to require national nursing accreditation by 2020. This date is consistent with IOM's Future of Nursing date for increasing the proportion of BSN-educated nurses to 80 percent. NCSBN will support the BONs as they move ahead with this, recognizing the challenges that BONs may experience.

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## APPENDIX 1: PRELICENSURE NURSING EDUCATION PROGRAM APPROVAL PROCESSES IN BONs

### 1. **BONs are independent of the national nursing accreditors (27 BONs).**

These BONs approve nursing programs separately and distinctly from the national nursing accrediting bodies. Initial approval processes are conducted before accreditation takes place.

### 2. **Collaboration of BONs and national nursing accreditors (five BONs).**

BONs share reports with the national nursing accrediting bodies and/or make visits with them, sharing information. However, the final decision about approval is made by the BON, independent of decisions by national nursing accreditors. Initial approval processes are conducted before accreditation takes place.

### 3. **Accept national nursing accreditation as meeting BON approval (four BONs).**

BONs accept national nursing accreditation as meeting state approvals, though they continue to approve those schools that don't voluntarily get accredited. The BON is available for assistance with statewide issues (e.g., the nursing shortage in that state); BONs retain the ability to make emergency visits to schools of nursing, if requested to do so by a party reporting serious problems; and the BON has the authority to close a school of nursing, either on the advice of national nursing accreditors or after making an emergency visit with evidence that the school of nursing is causing harm to the public. Initial approval processes are conducted before accreditation takes place.

### 4. **Accept national nursing accreditation as meeting BON approval with further documentation (eight BONs).**

Similar to Process #3, these BONs accept national nursing accreditation as meeting state approvals, but they may require more documentation, such as complaints, NCLEX results, excessive student attrition, excessive faculty turnover or lack of clinical sites. Initial approval processes are conducted before accreditation takes place.

### 5. **BONs require national nursing accreditation (six BONs).**

BONs require their nursing programs to become accredited by a national nursing accreditation body and will use Process #3 or #4 to approve them. Initial approval processes are conducted before accreditation takes place.

### 6. **BONs have no jurisdiction over programs that have national nursing accreditation (one BON).**

Nonaccredited programs are only initially approved by the BON and under specific statutory requirements.

### 7. **BONs are not involved with the approval system at all (two BONs).**

The BON is not given the authority to approve nursing programs; this is done by another state/jurisdiction authority.

## APPENDIX 2: SURVEY OF PRELICENSURE NURSING EDUCATION PROGRAM APPROVAL PROCESSES

### EXECUTIVE SUMMARY

Of the 59 BONs that approve prelicensure RN and LPN/VN programs, 51 completed a survey in February 2011. The survey was sent to NCSBN's listserv for 59 education consultants, which include all jurisdictions. It should be noted that while the survey asked for the BON's perspective, education consultants, in most cases, did not take the survey to the BON and replied as to what they thought their BONs' perspectives were.

There were seven different approval processes identified and the BONs were asked which one "best describes" their current approval processes<sup>1</sup>:

- 51 percent (27) approve programs separately from the accreditors;
- 32 percent (17) have shared responsibilities with the accreditors, either by making joint visits with them or accepting accreditation as meeting approval standards, or both;
- 11 percent (6) either require accreditation or will be requiring it shortly<sup>2</sup>;
- 4 percent (2) do not have authority to approve nursing education programs, though that is done by another state agency; and
- 2 percent (1) initially approves programs that are not nationally accredited and this approval is done under specific statutory requirements.

When asked about their "preferred future" in program approval, fewer preferred the separate approval process (37 percent), while the majority preferred a collaborative model (61 percent). This finding suggests BONs are interested in evaluating additional models as they move into the future; yet, they report that they were satisfied with their current initial and continuing approval processes (67 percent and 84 percent, respectively). This finding indicates that it's their perception that their current approval model is accomplishing their mission of public protection. 100 percent of the respondents (n=50) reported that they require initial approval of nursing programs.

Staffing is the biggest barrier for their current approval process. BONs estimated that they spend on average, \$2,000 for their initial approval processes and \$1,800 for their continuing approval processes, though this amount varied widely. Yet a majority of BONs do not charge fees for initial program approval (42 percent of the 49 responses) and only 12 (26 percent) charge fees for continuing program approval.

Overwhelmingly, BONs reported that joint visits with accreditors were satisfactory or better (92 percent). When asked whether national nursing accreditors adequately meet BON requirements, the BONs were divided (45 percent agreed, 56 percent did not). Some of the differences included statutory authority over nursing programs, assessment of faculty qualifications/roles and their mission. When asked for possible unintended consequences of BONs requiring national nursing accreditation, the most frequently mentioned factors included programs needing increased resources to accomplish this, programs not being able to meet faculty qualifications requirements and no one would have legal authority over the programs.

These results indicate that BONs are ready to move to a different approval model, though they think the jurisdiction should retain its legal authority over programs. They acknowledged that while they'd suggest some changes, they'd also like to retain parts of their current processes.

### SURVEY RESULTS

#### Q1: What is the BON's Approval Process? N=51<sup>3</sup>

Currently, more than 50 percent of the respondents (27) approve programs separately from the accreditors, while five collaborate with the accreditors; four accept accreditation as meeting approval standards; seven accept accreditation as meeting approval standards with further documentation; seven require, or will soon require, national nursing accreditation; only one initially approves nonaccredited programs and under statutory requirements; and two have no authority over nursing programs, though the Board of Higher Education approves nursing programs in that state.

Themes from comments:

- Clarity around collaborative visits (7);
- BOD is updating their education rules and regulations (2); and
- BON stated they require the national nursing accreditation report (1).

<sup>1</sup> 53 BONs are listed because NCSBN staff identified two states' processes from their online regulations.

<sup>2</sup> One of these six BONs may remove the required accreditation from its rules because the faculty qualifications are too hard for their programs to meet.

<sup>3</sup> As in footnote #1, 53 BONs are listed because NCSBN staff identified two states' processes from their online regulations.

## **Q2: What is your preferred future? N=49**

This question showed that BONs are not entirely satisfied with the status quo. Fewer chose to approve programs separately from the accreditors (18), while more chose to collaborate with the accreditors (19) or to require accreditation (9).

## **Q3: Could your BON's preferred future be standardized? N=46**

- YES: 31 (72 percent)
- NO: 12 (28 percent)

Themes from comments:

- Each state is different/rules and regulations are inconsistent (16);
- Final authority should be with the BON (5);
- Sharing between regulators and accreditors is beneficial (3);
- Legislation would be needed (3);
- Funding issues prevent the standardization (2);
- There is nothing specific about our state (1);
- No interest in changing (1);
- Accreditors do not review regulations (1);
- Cannot accept accreditation in lieu of approval (1); and
- Checks and balances (1).

## **Q4: Requirement of current approval process? N=51**

- Feasibility study (34)
- Self study (35)
- Annual report (42)
- Site visits (45)
- Other (18)

Themes of "other" include:

- NCLEX (3);
- No site visits (or optional) if accredited (3);
- Qualified faculty (2);
- Clinical site visits (1);
- Waive site visits (1);
- Monitor (1);
- LPN site visit only (1);
- Complaints (1);
- Regulatory compliance (1); and
- Curriculum (1).

## **Q5: Program outcomes assessed? N=51**

- NCLEX (50);
- Student satisfaction (29);
- Employment (16);
- Systematic plan for evaluation (43);

- Employer satisfaction (21); and
- Other (21).

Themes of "other" include:

- Attrition and graduation rates (5);
- Faculty qualifications (3);
- Resources (4);
- Compliance with regulations (2);
- Competencies (2);
- Governance (2);
- Curriculum (2);
- Transition to practice (1);
- Admission rates (1);
- Clinical agencies (1); and
- Administration (1).

**Q6: Cost of initial approval? N=46**

- 0 - \$500 (8);
- \$501-\$750 (1);
- \$751-\$1,000 (3);
- \$1001-\$1500 (7);
- \$1501-\$2000 (4);
- \$2001-\$2500 (7);
- \$2501-\$3000 (4);
- \$3001-\$4000 (4);
- \$4001-\$5000 (1); and
- >\$5001 (7).

Approximate mean = \$2,000

**Q7: Cost of continuing approval? N=45**

- 0 - \$500 (11);
- \$501-\$750 (2);
- \$751-\$1,000 (7);
- \$1001-\$1500 (5);
- \$1501-\$2000 (5);
- \$2001-\$2500 (4);
- \$2501-\$3000 (1);
- \$3001-\$4000 (4);
- \$4001-\$5000 (2); and
- >\$5001 (4).

Approximate mean = \$1800

**Q8: Charge an initial fee? N=49**

- YES: 21
- NO: 28

Fees charged ranged from \$50 - \$10,000. Fees were quite varied.

**Q9: Charge a fee for continuing approval? N=49**

- YES: 12
- NO: 35

Fees ranged from \$150 to \$1,300. One BON stated that they will charge \$3,000 only if the program is out of compliance and is trying to comply with the rules and regulations.

**Q10: Does your BON accept accreditation in lieu of initial approval? N=50**

- NO: 50 (100 percent)

**Q11: Does your BON accept accreditation in lieu of continuing approval? N=50**

- YES: 15
- NO: 35

Themes from comments:

- NCLEX pass rates monitored (2);
- High attrition, faculty turnover and NCLEX pass rates do not rise to the same level for the accreditors as they do for the BON (3);
- Are attempting to eliminate site visits in favor of accreditation (1); and
- BON reviews regulatory requirements (1).

**Q12: Rate experience of joint site visits N=23**

- Excellent (5)
- Very Good (8)
- Satisfactory (9)
- Disappointing (2)

Themes from comments:

- Review was separate, though visit joint (1);
- Lack of consistency with site visitors (1);
- Clearly different standards are evaluated (1);
- Saves time and resources (1);
- Focus on the accreditation visit (1);
- More communication needed between BON and accreditors (1); and
- Problems obtaining documents (1).

**Q13: Do national nursing accreditation standards meet your requirements to protect the public? N=42**

- YES: 19
- NO: 23

Themes from comments:

- BON statutory authority (8);
- Faculty qualifications/role evaluated differently (7);
- Missions are different (4);

- Clinical experiences (3);
- Curricular elements (3);
- More emphasis by BONs on NCLEX (2);
- No enforcement by accreditors (2);
- Different emphasis (1);
- Issue is how they are evaluating the elements (1);
- Accreditation is more general (1);
- Accreditation is not updated as often (1); and
- Accreditation is not measureable (1).

**Q14: What are the barriers, if any, to successful implementation of your education rules/regulations? N=48 (Could select more than one barrier)**

- Staffing (17)
- Funding (9)
- Legislature (9)
- None (22)

46 percent of BONs reported having no barriers to implementing their education rules/regulations. Comments included:

- Political with for-profits (3);
- Legislation not focused on public safety, but other issues (1);
- Education not given priority (1); and
- Increasing number of programs (1).

**Q15: Is your BON currently satisfied with its initial approval process? N=49**

- YES: 33
- NO: 16

A majority of BONs are satisfied with their initial approval processes. Comments included:

- Overwhelmed by new programs (particularly proprietary) (9);
- Need a fee (2);
- Hard to evaluate quality without site visits (1);
- Regulation education rules are static, not dynamic (1);
- Availability of clinical sites is a problem (local issues) (1);
- Defer initial site visit (1); and
- Need more efficiency (1).

**Q16: Is your BON satisfied with its current continuing approval process? N=50**

- YES: 42
- NO: 8

BONs are even more satisfied with their continuing approval process. Some comments included:

- Would like national accreditation to be required (2);
- Would like to see some changes if they increase efficiency and save resources (1);
- Are in the process of deleting the national accreditation requirement (1);
- Key is asking the right questions (1);

- Regulation education rules are static, not dynamic (1);
- Eliminate site visits (1);
- Need a fee (1); and
- Would like the programs to share their national accreditation reports (1).

**Q17: What would be the unintended consequences of requiring national nursing accreditation? N=44**

Overwhelmingly, BONs are worried about additional costs and resources, particularly for the LPN/VN BONs. Comments included:

- Lack of resources (fiscal and personnel) (15);
- Faculty qualification requirements (9);
- No one would have legal authority over the programs (5);
- None (4);
- None as long as the BON collaborates (1);
- Differences in standards (4);
- Monitoring issues (length of time between accreditation visits) (3);
- Political pressure to accredit programs (2);
- Local issues not addressed (such as clinical experiences) (2);
- Patient safety would not be enhanced by requiring accreditation (1); and
- PN high school programs would discontinue (1).

**Q18: Are there differences between BON approval processes for LPN/VN programs versus RN programs? N=47**

- YES: 10
- NO: 37

Generally, the approval process is the same across programs. Comment themes included:

- Separate BONs or regulations (6);
- Process same, but different requirements (2); and
- PN programs have hour requirements (1).

**Q19: Other information you'd like to share with us? N=21**

There were 21 general comments that were categorized into the following themes:

- Shared site visits are important (2);
- Requesting approval conference for general and consistent guidelines (2);
- Concerns about length of time between accreditation visits (1);
- Considering requiring regional accreditation (1);
- Board advantage is they frequently monitor programs (1);
- Need to reduce duplication (1);
- Requiring accreditation for ADN's/PNs would be burdensome (1);
- Missions of accreditation/regulation are different (1); and
- Outcome data not available for new programs, and yet they get accredited (1).

**APPENDIX 3: SUMMARY OF DIFFERENCES BETWEEN MODEL EDUCATION RULES AND NATIONAL NURSING ACCREDITATION STANDARDS**

	CCNE (2009)	NLNAC (2008)	Member Board Profiles	NCSBN Model Rules
Mission	<p>Standard I: Mission and Governance</p> <ul style="list-style-type: none"> <li>▪ Mission congruent with parent institution.</li> <li>▪ Reference BON approval status.</li> </ul>	<p>Standard I: Mission and Administrative Capacity</p> <ul style="list-style-type: none"> <li>▪ Mission reflects core values.</li> <li>▪ Specifics on program administrator qualifications.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Less emphasis on institution.</li> <li>▪ Administrator qualifications specified, but vary across jurisdictions.</li> </ul>	<p>Chapter 9 – Education Practice Act and Rules</p> <ul style="list-style-type: none"> <li>▪ Less emphasis on institution.</li> <li>▪ Administrator qualifications specified.</li> </ul>
Faculty and Staff	<p>Standard II: Institutional Commitment and Resources</p> <ul style="list-style-type: none"> <li>▪ More general chief nurse/faculty criteria with rationale for not having graduate degrees.</li> <li>▪ Faculty-student ratios meet regulatory requirements.</li> <li>▪ Preceptors are an extension of faculty.</li> <li>▪ Program encourages teaching, scholarship and service.</li> </ul>	<p>Standard II: Faculty and Staff</p> <ul style="list-style-type: none"> <li>▪ Specific criteria with percentages of Master of Science in Nursing (MSN) or doctorates.</li> <li>▪ Scholarship of faculty and use of evidence-based teaching strategies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Faculty qualifications specified, but vary across jurisdictions.</li> <li>▪ 47 states specify faculty-student ratios.</li> <li>▪ Nothing related to scholarship of faculty.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specific faculty qualifications (updated August 2008).</li> <li>▪ No faculty-student ratios in model rules.</li> <li>▪ Nothing related to scholarship of faculty.</li> <li>▪ Definition of preceptors with specific credentials.</li> </ul>
Students	<p>Standard I: Student policies in Standard I.</p>	<p>Standard III: Students</p> <ul style="list-style-type: none"> <li>▪ Policies are congruent with mission.</li> <li>▪ Services meet student needs.</li> <li>▪ Student records are within state and federal guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Question not addressed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accurate program information.</li> <li>▪ Students participate in planning.</li> </ul>
Curriculum	<p>Standard III: Curriculum and Teaching-Learning Practices</p> <ul style="list-style-type: none"> <li>▪ Expected outcomes are clear.</li> <li>▪ Essentials of Baccalaureate Education for Professional Nursing Practice are used (specify need for clinical experiences).</li> <li>▪ Regular evaluations of students.</li> </ul>	<p>Standard IV: Curriculum (relates to CCNE Standard III)</p> <ul style="list-style-type: none"> <li>▪ Program length is congruent with outcomes.</li> <li>▪ Methodologies reflect good practice and innovations are fostered.</li> <li>▪ Clinical experiences reflect best practices and patient health and safety goals.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some jurisdictions dictate numbers of hours of clinical experiences and didactic teaching.</li> <li>▪ A few dictate percentage of simulation replacing clinical experiences.</li> <li>▪ Some dictate actual courses, while others say across the lifespan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use of IOM competencies</li> <li>▪ Clinical experiences sufficient to meet program outcomes.</li> <li>▪ Across lifespan.</li> </ul>

	CCNE (2009)	NLNAC (2008)	Member Board Profiles	NCSBN Model Rules
Resources	<ul style="list-style-type: none"> <li>Standard II: Addressed Resources</li> </ul>	<p>Standard V: Resources</p> <ul style="list-style-type: none"> <li>Resources are sufficient to promote stated outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Question not addressed.</li> </ul>	<ul style="list-style-type: none"> <li>Resources adequate to support program processes, security and outcomes.</li> </ul>
Outcomes	<p>Standard IV: Aggregate Student and Faculty</p> <ul style="list-style-type: none"> <li>Student outcomes identified include, but are not limited to: NCLEX, certification, employment rates and graduation.</li> <li>Faculty outcomes consistent with mission of institution.</li> <li>Formal complaints are used as evidence.</li> </ul>	<p>Standard VI: Outcomes</p> <ul style="list-style-type: none"> <li>Systematic plan for evaluation.</li> <li>Outcomes identified as: <ul style="list-style-type: none"> <li>NCLEX at national norm;</li> <li>Program completion;</li> <li>Program satisfaction; and</li> <li>Job placement.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>There are 49 BONs that require a specified NCLEX pass rate.</li> </ul>	<ul style="list-style-type: none"> <li>Systematic plan for evaluation and continuous improvement.</li> </ul>

**APPENDIX 4: ACCREDITATION DATA FROM NATIONAL NURSING ACCREDITORS (NUMBER OF PROGRAMS BY NCLEX® CODES FOR 2010)**

Degree Program	NCLEX® Codes	Accreditation		% Accredited
		NLNAC	CCNE	
Baccalaureate	740	230	540	100
Associate	1246	671	-	54
Diploma	68	53	-	78
Practical	1722	163	-	9

Note: Because of the NLNAC and CCNE overlap in accreditation, we do not know the exact percentage of baccalaureate programs that are accredited. It is clear, however, that most are accredited by either CCNE or NLNAC.

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