

Fall 2016

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING



REGULATION: 2030 FIRST STEPS OF A JOURNEY

SERVE IN AN NCSBN LEADERSHIP ROLE | 11 FACTS ABOUT THE ENHANCED NLC | 2016 YEAR IN REVIEW

Managing Editor and Writer

Michael Grossenbacher | mgrossenbacher@ncsbn.org

Contributing Editor and Writer

Dawn Kappel | dkappel@ncsbn.org

Designer

Kalona Owens | kowens@ncsbn.org

Stock photography purchased from
Istockphoto.com.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 27 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Copyright ©2016 National Council of State Boards of Nursing, Inc. (NCSBN) All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Address inquiries in writing to NCSBN Permissions,
111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.
312.525.3600 | www.ncsbn.org | infocus@ncsbn.org



IN FOCUS

Fall 2016 | Volume 3 | Issue 4

3. [11 Facts About the Enhanced Nurse Licensure Compact \(eNLC\)](#)
 4. [What's Holding You Back from Serving in a Leadership Role?](#)
By: Jim Cleghorn, MA, Area III Director, NCSBN Board of Directors; Executive Director, Georgia Board of Nursing
 8. [NCLEX® Conference Recap](#)
 10. [Regulation 2030: First Steps of a Journey](#)
 14. [NCSBN 101 Course Updated](#)
 19. [Opportunities for Regulatory Scholars](#)
 20. [Year in Review](#)
-
7. [Speed Round](#)
 16. [News & Notes](#)



Save the Date!

March 13-15, 2017

2017 NCSBN Midyear Meeting
Little America Hotel
Salt Lake City, Utah



11 Facts About the Enhanced Nurse Licensure Compact (eNLC)

Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100-year-old model of nurse licensure is not flexible, adaptable or nimble enough to best meet this need. The enhanced Nurse Licensure Compact (eNLC) increases access to care while maintaining public protection at the state level.

1. In order to become a member of the eNLC, a state must have the authority to conduct federal and state criminal background checks at initial licensure and license by endorsement.
2. The eNLC requires all member states to be a full participant in Nursys, a nurse licensure database that tracks discipline and license status.
3. The eNLC requires the reporting of licensee non-public or confidential participation in an alternative to discipline program when such participation is known to the board of nursing (BON).
4. A state may enact the APRN Compact prior to enacting the eNLC.
5. The 11 uniform licensure requirements (ULRs) in the eNLC pertain to the issuance of a multistate license. The ULRs do not affect the issuance of a single state license, which may always be issued at the discretion of the BON.
6. The eNLC was adopted by NCSBN in May 2015 at a special delegate assembly meeting. The results of the vote were: 84 in favor, 13 opposed and nine abstentions.
7. The eNLC model language is largely based on an interstate compact boilerplate language that was used in the drafting of several other modern interstate compacts which have all 50 states as members. Those compacts are the Interstate Commission for Adult Offender Supervision, the Interstate Commission for Juveniles and the Interstate Commission for the Education of Military Children.
8. The term "interstate commission" as referenced in the eNLC is utilized in the aforementioned interstate compact boilerplate language to refer to a compact's governing body. Utilizing the term "interstate commission," therefore, makes the eNLC language consistent with other modern interstate compacts. Nevertheless, this governing body which will be referred to as the "Interstate Commission of Nurse Licensure Compact Administrators" is not substantially different than the governing body known today as the Nurse Licensure Compact Administrators (NLCA).
9. While the effective date of the eNLC is when the 26th state enacts the eNLC or Dec. 31, 2018, whichever comes first, the actual issuance of multistate licenses under this compact will commence upon implementation, which may be at a later date.
10. The current NLC and the eNLC may coexist for a period of time. A current NLC license will only be valid in a state transitioning from the current NLC to eNLC for a six-month period. After the six-month period, a nurse holding a multistate license in a remaining current NLC state will have the privilege to practice in far fewer states.
11. NCSBN offers a grant program for states seeking to enact eNLC legislation. Grants are intended to be used for expenses related to advocacy and implementation of the eNLC. Proposals may be submitted to nursecompact@ncsbn.org.

For any questions about the eNLC, visit nursecompact.com or contact nursecompact@ncsbn.org.



What's Holding You Back from Serving in a LEADERSHIP Role?



by: Jim Cleghorn, MA
Area III Director, NCSBN Board of Directors
Executive Director, Georgia Board of Nursing

Leadership – what do you think of when you hear that word?

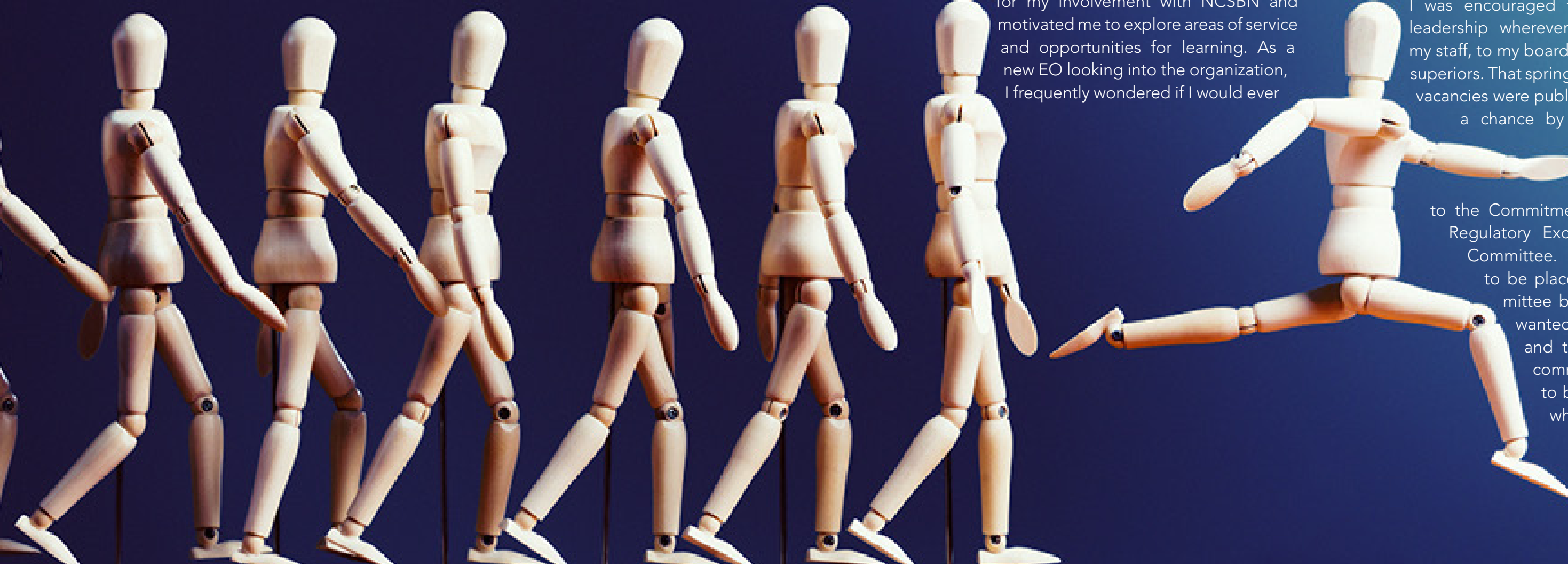
Perhaps the first thought is a great political figure in history whose legacy is marked by world changing accomplishments. On a more adventurous note, maybe it is an explorer, venturing into an uncharted area and blazing a trail for others to follow. Maybe it is a committee member working with colleagues to develop a solution to a critical issue. We hear a lot about leadership these days. Books are written and classes are taught on the subject as we strive to identify individuals with leadership potential and develop their leadership qualities.

The National Council of State Boards of Nursing (NCSBN) provides many opportunities for individuals to explore leadership roles, develop leadership traits and be mentored by individuals with proven track records of successful leadership. I started as executive director of the Georgia Board of Nursing in August 2010. Immediately, NCSBN stepped up and paired me with another executive officer (EO) to provide guidance in my new role. That EO partnership was originally scheduled to last one year. Now, six and a half years later, I still rely on my EO mentor for advice and encouragement. That relationship provided a great starting point for my involvement with NCSBN and motivated me to explore areas of service and opportunities for learning. As a new EO looking into the organization, I frequently wondered if I would ever

have the institutional knowledge or regulatory background to be of value to a committee. I wanted to serve but I was not certain that there was a place for me.

In 2012, NCSBN offered an executive coaching program to EOs. Initially, I was hesitant to sign up for the program. It required a 12-month commitment, monthly calls, homework and a 360° evaluation. My curiosity eventually won me over and I enrolled in the coaching program. That was a defining moment in my leadership journey. Prior to enrolling in the coaching program, it seemed that we were making little headway towards improving processes in our office. The wheels of bureaucracy turned too slowly and there were too many pieces that had to be moved to cause a positive change. My frustration must have been evident to my coach.

I was encouraged to demonstrate leadership wherever possible – to my staff, to my board and even to my superiors. That spring, the committee vacancies were published and I took a chance by submitting my name for consideration for appointment to the Commitment to Ongoing Regulatory Excellence (CORE) Committee. I didn't expect to be placed on the committee but I knew that I wanted to be involved, and the work of the committee appeared to be something to which I could





NCSBN's Leadership Succession Committee contributes the *Pathways To Leadership* feature. There are many leadership paths and opportunities for members of NCSBN to support professional development. Learn more through the [NCSBN Leadership Development Program](#) and [watch our video](#) to learn how you can benefit personally and professionally by becoming involved with NCSBN (ncsbn.org username and password required).

contribute. A few weeks went by and I received notice that the board of directors had appointed me. I was surprised, ecstatic and a little apprehensive. The idea of joining a committee comprised of individuals with far more regulatory experience was daunting. My coach and my EO mentor encouraged me to go, listen and look for ways that I could participate. The next two years were very rewarding and provided an opportunity for transformation in my office. As I became more familiar with the committee and its work, I began to understand more about my role as a regulator. The other committee members were quick to provide encouragement and advice and, with the help of an incredible staff and board, we began to use the CORE data as a benchmark and map for process improvements in Georgia. On a side note, our efforts paid off. In 2014, the Georgia General Assembly provided seven new staff positions and three dedicated investigators to the Georgia Board of Nursing.

After two years on the CORE Committee, I was asked to fill an unexpired term on the NCSBN Board of Directors (BOD). While very excited, I was even more surprised and apprehensive about this new endeavor. The first time I walked into the board room I found it difficult to believe that this incredible service opportunity had actually been provided to me. My time with the board has been an invaluable learning experience! This position has challenged me to think at a different level and has deepened my understanding of nursing regulation. As I prepare for each board meeting I find that there are new things to learn and new ideas to consider. Serving on the BOD has been the highlight of my leadership journey.

Have you considered serving in a leadership role? What is holding you back? Yes, there is always the possibility that you may not be appointed or elected to the position in which you are interested, but isn't that part of the journey? Winston Churchill once said, "Success is not final, failure is not fatal: it is the courage to continue that counts." Maybe you're like me and believe you are too new to the organization, or are not yet prepared to serve. There are opportunities for service and leadership development at every level.



SPEED ROUND

GET TO KNOW NCSBN STAFF:

Rebecca Fotsch, JD
Associate Director, State Advocacy & Legislative Affairs

1. WHAT DO YOU DO?

I work with states to help pass legislation that affects nursing regulation. Predominately I focus on Nurse Licensure Compact (NLC) advocacy, but I also help the NCSBN team with advanced practice registered nurse (APRN) initiatives.

2. WHAT ARE THE BEST AND MOST CHALLENGING ASPECTS OF YOUR JOB?

The most rewarding yet also most difficult part of my job is working in so many different states with so many different legislative cultures. Last session, I worked with coalitions from Arizona all the way to New Hampshire. Across the states there are different accents, traditions and cultures. What's the secret to working in so many different states across the country? On my desk I have a small card that I look at every day that says "Be nice." While not always easy, it's amazing how far those two words can get you in politics. In recent years, politics has become very divisive and outright nasty, but as I work in these many different states, I see how similar we all are, and that legislators in all states share a passion to make their state and this country the best for their citizens.

3. IF YOU WEREN'T WORKING AT NCSBN, WHAT WOULD YOUR DREAM JOB BE?

President of the United States, of course!

Start by participating in the regulatory conference calls. Follow the Leadership Succession Committee and the activities that it provides. Apply for appointment to a committee. Whatever path you decide to take, don't wait to take that first step. Start your leadership journey with NCSBN today! ■■■

Jim Cleghorn, MA, has served as executive director of the Georgia Board of Nursing since August 2010. He serves as Area III director of the NCSBN Board of Directors. He also served on the NCSBN Commitment to Regulatory Excellence (CORE) Committee from 2012-2014. In 2013, the Georgia Nurses Association awarded him the Excellence in Partnership with Nursing Award.



NCLEX® Conference Recap

The annual NCLEX Conference was held Sept. 12, 2016, in Philadelphia. A total of 333 attended the conference and received valuable information on:

- Overview of NCLEX psychometrics and test development;
- Overview of NCLEX Operations including administration and online resources;
- Research on nursing decision making;
- An overview of the 2015 PN Practice Analysis;
- Information on using the NCLEX test plan for student preparation; and
- A variety pack of information on logits, NCLEX security and testing accommodations.

In addition, attendees had the opportunity to network with their colleagues from around the country and ask questions of both the NCSBN Examinations staff as well as their testing partners Pearson VUE and Mountain Measurement.

The 2017 NCLEX Conference is scheduled for Sept. 25, 2017, in Rosemont, Ill. Registration will open for this event in April 2017. ■■■■

Substance Use Disorder (SUD) in Nursing: Break the Silence.

As a nursing leader, you have an important responsibility — to keep patients and staff safe while maintaining high standards of care.

Educate yourself and your colleagues about SUD with National Council of State Boards of Nursing's **FREE** resources, available at www.ncsbn.org/sud-nursing.

The journey of a thousand miles begins with one step. —Lao Tzu

Since the dawn of time, people tried to predict the future in order to gain some control over what may come. Prognosticators and crystal balls aside, there is a vested interest in attempting to forecast events and situations that may have an effect on individuals and organizations—nursing regulators are no different.

The question is, are we “masters of our fate” or victims of circumstances yet to come? In *Inventing the Future*, Nobel prize-winning physicist Dennis Gabor opined, “The future cannot be predicted, but futures can be invented.” William Shakespeare put it a bit more poetically but the idea is the same, “It is not in the stars to hold our destiny but in ourselves.” During the NCSBN-hosted Regulation 2030 Conference in Chicago, Oct. 2–3, 80 regulators from around the world endeavored to chart the future of nursing regulation by using concept mapping.

Nursing leaders from eight countries, 17 states, the District of Columbia and two U.S. territories—as well as representatives from the American Association of Colleges of Nursing (AACN), the United States Federal Trade Commission (FTC), the Federation of State Boards of Physical Therapy (FSBPT), the Federation of State Medical Boards (FSMB), the National League for Nursing (NLN), the Organization for Associate Degree Nursing (OADN), the American Nurses Association (ANA), the National Federation of Licensed Practical Nurses (NFLPN), the Office of Economic Cooperation Development (OECD), nurse regulators and a state senator from Minnesota—undertook the task of trying to understand where nursing regulation is headed.

Dr. Lynette Cusack, RN, Chair, Nursing and Midwifery Board of Australia, commented, “It was a privilege to be invited to be part of the NCSBN Regulation 2030. It is very rare to have an opportunity to meet with international regulators and spend quality time together to focus our critical thinking into the future of nursing and to consider the implications for the public and for regulation. The future holds many

possibilities for nursing. The key for regulators will be closer communication, collaboration and integration of future systems. What must not change is our core role and responsibility—protection of the public.”

In his keynote address, NCSBN CEO David C. Benton, RGN, PhD, FFNF, FRCN, FAAN, challenged participants to do “out of the box” and audacious thinking about the challenges and opportunities of the future. Using the draft of his article, “Regulation 2030: First Steps of a Journey” as a jumping-off point, he noted that nursing regulation is increasingly influenced by globalization, the growing complexity of the health care system, the emergence of new infectious diseases and the re-emergence of older diseases such as tuberculosis, nurse mobility and changing demographics and social behavior. Benton noted that very little work has been done using a bibliometric approach to the identification of trends and issues in regulatory literature and that “development of a contemporary approach to regulation including a systematic examination of the literature and an analysis of the potential implications of identified trends is required” (Benton, 2016).

The paper outlines a four-phase research study that aims to describe the characteristics of nurse regulation in the year 2030.

In the first phase, 25 emergent trends that fall into seven categories (governance, purposes and processes, licensee/registrants, workforce, education, fitness for practice, and technology and information) were identified.

These trends are the building blocks of the work that was done during the conference, which was phase two.

Phase three will compile the work of the conference and phase four will “identify gaps in the research base and guide research and development investment to support optimum progress towards a new and contemporary model of regulation.”

REGULATION: 2030

FIRST STEPS OF A JOURNEY



COMMON ALIGNMENT WITH VARIOUS HEALTH CARE GROUPS

SMART REGULATION NOT MORE REGULATION

AGREE WANTS TO BREAK DOWN BARRIERS

GOVERNMENT SUPPORT FOR NATIONAL & INTERNATIONAL UPDATING OF LEGISLATION TO FIT SOCIETAL CHANGES

Working in teams of six, attendees were directed to “dream the future” and put the trends “under the microscope” and determine whether any gaps exist or emerging trends are missing. They also pulled key points from their discussion and shared their thoughts with the entire group. Key points included:

- Focusing on the wellness of providers as well as patients;
- Increased stakeholder (public) involvement in boards of nursing (BONs);
- Role of technology (telehealth, Artificial Intelligence, robotics, virtual care, etc.);
- Increasing need for interprofessional collaboration and team-based care;
- Unregulated health care workforce and new roles;
- Use of technology in education;
- Importance of moral courage;
- Diversity;
- Expanding scopes of practice of licensees and registrants;
- International resources;
- Increasing the knowledge base of nurses about regulation;
- Legislative (government) influence; and
- Patient need for culturally appropriate care.

Participants stressed that that everything done to advance nursing regulation must include an ethical lens through which the work must be examined.

Attendees were assigned a trend and tasked with envisaging how that aspect of nursing regulation would look or function in 2030. They also needed to determine what deliverables would be required and to plan out what steps are required to execute the deliverables. The concept mapping process used in this exercise “... is a method that creates a visual representation that illustrates the thoughts, ideas, or planned actions that arise from a group of stakeholders on a particular issue.” (McLinden, 2013) and can elucidate relationships between concepts and ideas.

Three concept mapping sessions generated a list of requirements such as systems, processes, or technologies that need to be in place in order to move the deliverables from idea to reality. Each of the eight teams produced a map that detailed their work and all participants were invited to review the maps to provide additional input.

Commenting on the process to create the concept maps, Elizabeth Oywer, KRN, KRPN, DAN, BN, MA, MN, former registrar, Nursing Council of Kenya, said “I found the entire exercise to be interactive, engaging and innovative and I was happy to participate. We know that clients are increasingly demanding culturally appropriate care and regulatory processes need to be in place to meet that need. Knowing that the goal of the conference was to lay the foundation for opportunities in the regulatory arena, I am heartened to see that we are moving in that direction.”

After this exercise was completed, the teams reported on their concept maps. A robust discussion arose from the question of “What elements are essential in a future plan for nursing regulation?” Elements identified include:

- Transparency;
- Being proactive rather than reactive;
- The use of evidence to drive public protection;
- The need to maximize technology and exchange of data;
- Data security;
- Public engagement including licensees and employers;
- Promoting an interprofessional focus and teamwork;
- Standards creation; and
- Assuring adequate resources and strategic use of financial resources.

What emerged from the work of the teams were both key deliverables and requirements deemed imperative.

Key deliverables include:

- Data systems that are secure and have the ability to share information globally. Technology that aids in standardization.
- Transparency of board functions so that there is increased public trust of regulation. There is open communication and stakeholders have good working knowledge of what regulators do.
- Increased workforce mobility flowing from interjurisdictional trust. International registers and registration with similar competencies. Health care professionals with a shared vision and a global perspective. A diverse workforce and faculty that reflect the demographics of the patients and students they care for and teach.



- Enabling legislative framework with less control by creditation standards, increased efficiency and increased mobility.
- Evidence-based decision making.

Key requirements necessary for deliverables actualization include:

- Creating definitions and core competencies for licensees and for a global workforce.
- Legislative changes regarding authority required for BONs to work collaboratively and cooperatively. The ability to generate rules, regulation and statutes with diversity in mind.
- Flexibility and adaptability to respond to changing needs. Enhanced collaboration between boards, government, stakeholders, disciplines, educators and employers. Creation of standardization of education, scopes of practice and rules; including cultural competency and ethics, with focus on outcomes and public engagement.
- Data systems that enable information sharing globally with standardized data elements, systems, and measures.

- Global collaboration between nursing and international nursing regulators, stakeholders, professionals, the public and interdisciplinary education groups.
- Role clarity. A redefinition of the role and purpose of regulation.
- Consumer empowerment.
- Use of technology to enhance the licensure processes.
- Adequate resource funding.
- Providing evidence-based regulatory research upon which regulation is based.
- Development of strong leadership and mentors.
- Creating an environment of transparency and use of ethics as the guiding principle for regulatory work.

At the end of the second day of work, Maryann Alexander, PhD, RN, FAAN, NCSBN chief officer, Nursing Regulation, summarized the findings and discussed the next steps in the process. She said that completing the manuscript on the 25 trends for publication, followed by a paper on the outcomes of studying, compiling,

and formatting the trends and the common themes, requirements, and deliverables, and then sharing the papers through a supplement to the *Journal of Nursing Regulation (JNR)* were to be done over the next several months.

NCSBN President and Executive Director of the Texas Board of Nursing, Katherine Thomas, MN, RN, FAAN, wrapped up the conference by extending a special thank you to the nursing regulators and associations from the U.S., Australia, Botswana, Canada, New Zealand, Singapore, and Spain for their participation. She remarked, “You are the experts in nursing regulation around the world. You do this important work every day. You know the challenges and realities of our local governments, our constituents, our environments and you seek every day to do this work to ensure the interest of public health and safety.”

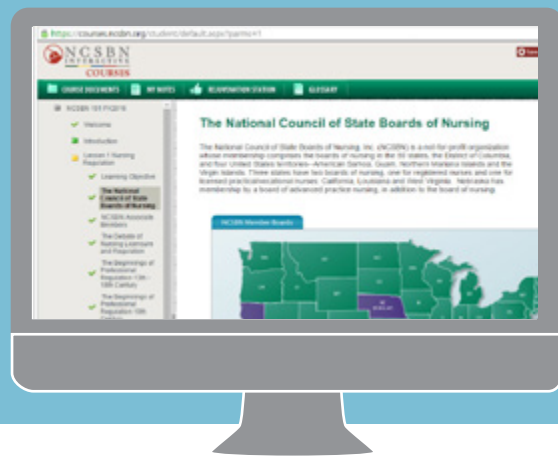
References

Benton, D. (2016). Regulation 2030: First steps of a journey. Unpublished manuscript.

McLinden, D. (2013). Concept maps as network data: Analysis of a concept map using the methods of social network analysis. *Evaluation and program planning*, 36(1), 40-48.

NCSBN 101 Course Updated

NCSBN's course for members, NCSBN 101, has recently been updated for 2016 and is available for registration. Members will get a comprehensive overview of the NCSBN organization and learn about opportunities for member involvement. This course is free for members. Members receive 4.8 Contact Hours upon successful completion. [Register today](#) (member's only, login required).



NCSBN WANTS TO Tell Your STORY

We are always seeking information and story ideas for *In Focus*, NCSBN's quarterly publication. This is your chance to tell your story, highlight a board of nursing achievement or recognize a colleague. For more information contact Mike Grossenbacher at mgrossenbacher@ncsbn.org.

2017 NCSBN AWARDS PROGRAM

The annual NCSBN Awards Program recognizes outstanding achievements of members and celebrates significant contribution to nursing regulation.

Members can submit nominations beginning **Jan. 9** through **March 17, 2017**. Award recipients will be honored at the Awards ceremony at the August 2017 Annual Meeting in Chicago.

The Awards Program not only recognizes the successes of your peers, but highlights the key factors that contribute to their success. *All members are encouraged to participate in the program.* You can learn more about the NCSBN Awards Program and view video reflections of past award recipients on the NCSBN [website](#).

All inquiries can be directed to Alicia Byrd at abyrd@ncsbn.org.



Brekken

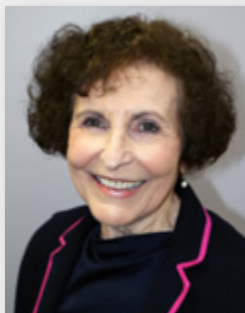
Brekken Recognized in List of 100 Influential Health Care Leaders, Inducted Into American Academy of Nursing

Shirley Brekken, MS, RN, FAAN, executive director of the Minnesota Board of Nursing, was recently recognized by the *Minnesota Physician* as one of the 100 Influential Minnesota Health Care Leaders. Once every four years, the publication invites readers to submit the names of colleagues who help make health care in Minnesota a global model of excellence. Brekken participates on statewide initiatives related to patient safety and public health. She is the immediate past president of NCSBN.

In October, Brekken was also inducted into the American Academy of Nursing: "Ms. Brekken is recognized for contributions in public safety, innovation in nursing regulation, and raising awareness among policy makers and the general public that results in evidence-based public policy... Ms. Brekken's vision for excellence in nursing regulation is responsiveness to a changing environment and delivery system. As a regulator, she values public service, collaboration and leadership to achieve that vision."

Hooper Receives FAAN Designation

Janice Hooper, PhD, RN, FRE, CNE, FAAN, lead education consultant for the Texas Board of Nursing, was recently inducted as a Fellow of the National League for Nursing Academy of Nursing Education. Dr. Hooper has combined her past role as a nurse educator with her present role as a nursing education regulator to initiate change in the culture of nursing education regulation. Hooper has led the education team at the Texas Board of Nursing in creating an atmosphere of mutual respect and open communication with nursing programs. This approach has impacted state policies and processes affecting 217 Texas-approved nursing programs and more than 3,300 nursing faculty and more than 30,700 nursing students each year to promote excellence in nursing education.



Hooper

Mayhew Appointed as Executive Director

The West Virginia State Board of Examiners for Licensed Practical Nurses is pleased to announce that Michelle L. Mayhew, MSN, MBA/HCM, RN-BC, NHA, was appointed as the new executive director of the board, effective July 1. Mayhew replaced Lanette Anderson, MSN, JD, RN, who retired June 30. Mayhew served as the Associate Director for a period of 10 years prior to being named Executive Director. She is a member of the American Nurses Association, the West Virginia Nurses Association, Sigma Theta Tau International, the West Virginia Nursing Leadership Institute and the West Virginia Health Care Association. Mayhew serves as a legal nurse consultant and president of Alexis Medical Consulting, LLC. She is also an adjunct faculty member for Kanawha Valley Community and Technical College.



Mayhew

Two Nursing Regulatory Bodies Move to Create One Nursing Regulator for Nova Scotians

As the regulatory bodies for nurses in Nova Scotia, the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) have a legacy and shared responsibility to protect and serve the public interest of Nova Scotians by regulating the practice of licensed practical nurses, and registered nurses and nurse practitioners, respectively. The boards of each of the two nursing regulators in Nova Scotia recently independently voted to move toward the creation of one nursing regulator for the province. One regulator will ultimately enable both organizations to join together to strengthen their commitment to Nova Scotians through an enhanced, consistent, efficient and collaborative approach to nursing regulation.

"It's a reality in health care today to see different categories of nurses working more collaboratively together within their own unique scopes of practice to provide the services Nova Scotians require," says Jackie MacCallum, LPN, CLPNNS board chair. "This transition will mirror this trend. The colleges have worked collaboratively over the years and the move to one nursing regulator will bring together the boards and staff of each organization to enhance our work in public protection and create a single point of contact for Nova Scotians."

"While the operations of the two regulators will merge to create one nursing regulator, each category of nurse – licensed practical nurses, registered nurses and nurse practitioners – will remain distinct as they are now," explains Ruth Whelan, MN, RN, CRNNS council president. "This means they will continue to work as they do now with their own standards, scopes of practice and unique roles within the profession of nursing, which is essential for our health care system in Nova Scotia."

Florida Board Members and Staff Participate in Long-range Planning

Two members of the Florida Board of Nursing and the board's senior managers recently attended the Division of Medical Quality Assurance's Board Chairs/Vice Chairs meeting in Tallahassee. Items of discussion included an overview of recently implemented legislation, an update from the Office of the Attorney General on the quasi-judicial and quasi-legislative roles of regulatory boards, a panel discussion on sexual misconduct disciplinary cases, and an open forum on long-range policy planning. This annual gathering of regulators involves representatives from all health care boards in Florida, along with the state associations of the regulated professions.



Pictured above (left to right): Joe Baker, Jr., executive director; Lori Desmond, MSN, RN, NE-BC, board member; William Spooner, FRE, program administrator; Kathy Whitson, MSN, RN, board vice-chair; Jessica Hollingsworth, program administrator; Sherri Sutton-Johnson, MSN, RN, CCHW, nursing education director



Have news to share? Send your News & Notes submissions via [email](#).



News & Notes

NCSBN Grant Program

Submission deadline:

April 7, 2017

About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

Award Information

Investigators may apply for grants up to \$300,000. All projects must be completed in 12–24 months following the project start date.

Research Priorities

Research priorities include, but are not limited to:

- National and International Regulatory Issues
- Patient Safety
- Practice (LPN/VN, RN and APRN)
- Nursing Education
- Continued Competence
- Nursing Mobility
- Substance Use

Apply Today

Opportunities for Regulatory Scholars



NCSBN announces a new Regulatory Scholars Program, which will begin in the spring of 2017.

The goals of this program are to:

- Develop the field of nursing regulation by building regulatory experts and researchers;
- Provide high-level evidence for nursing regulatory and policy decision making; and
- Encourage scholarly dialogue and publications.

This program will have three components:



1. A predoctoral fellowship: The predoctoral regulatory fellowship will be funded by NCSBN's Center for Regulatory Excellence (CRE) Grant Program and will award grants of up to \$30,000 to predoctoral candidates—one grant per each funding cycle.

Interested predoctoral candidates will submit an application that reflects the short/long-term research objectives of NCSBN. These proposals will use the same application process as the CRE grants and will be reviewed and evaluated on the same rigorous criteria, by the same committee. The call for proposals will be sent out biannually in April and October; the first call will be sent for the April 2017 funding cycle. Those receiving the predoctoral fellowship will have two years to complete the study. It is expected that all study results will be published and presented to national and international audiences.

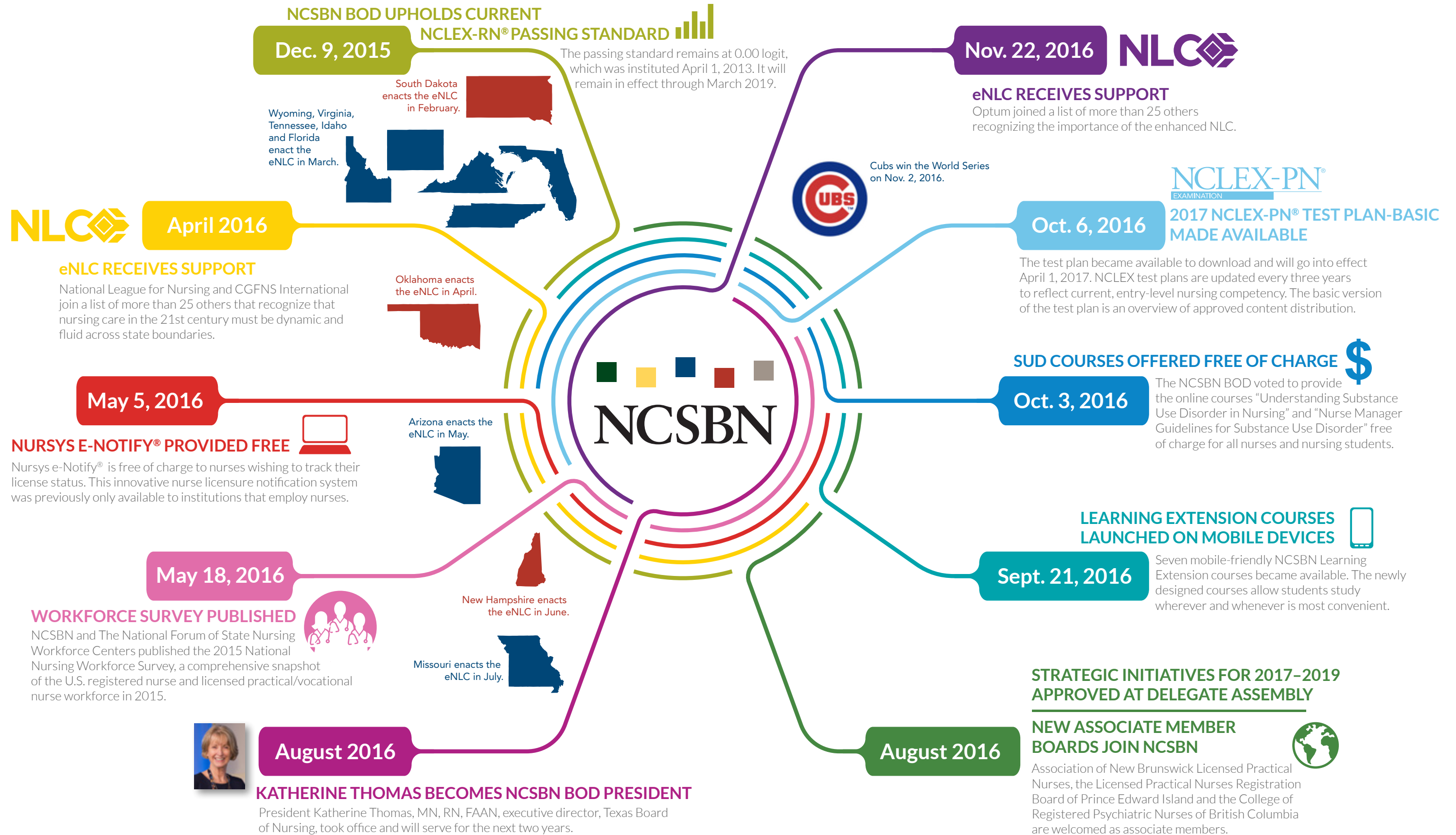
2. Graduate internship. The graduate internship will consist of one eight-week, full-time, paid internship that will provide the intern with nursing regulatory experience related to education, practice, licensure, policy and/or discipline depending on both the intern's primary area of interest and NCSBN's organizational objectives. This internship program is modeled after the program in the Examinations department. Interested graduate nursing students will submit application packets to NCSBN for consideration. The application packet will include: application form, resume, letter of intent, two letters of recommendation, scientific writing sample, and proof of eligibility to work in the U.S. Applications will be reviewed and potential interns will be called to interview.

3. Graduate experience in nursing regulation. Unpaid practical experience in nursing regulation or policy will be offered to a limited number of nursing graduate students who would like to gain nursing regulatory/policy experience to satisfy the clinical experience component of their graduate nursing program. Generally, this experience will be made available to students located in the Chicagoland area, depending on available space and staff expertise in the area requested. The timeframe will be negotiated with the director, regulatory innovations, depending on the needs of the student and the time commitment from NCSBN staff, though it generally will be no longer than three months. The externship program will begin in fall 2017.

The student will gain experience in a variety of NCSBN departments and then may choose to work more intensely in one area. It is expected that the student will contribute to the work of NCSBN, while obtaining practical experience in nursing regulation.

The Regulatory Scholars Program will add to the body of knowledge in nursing regulation and expand the number of internal and external stakeholders educated in advanced nursing regulation. More information on applications for this program will be available soon. ■■■■

NCSBN Year in Review



2016

WISHING YOU PEACE & HAPPINESS THIS HOLIDAY SEASON
AND A COLORFUL NEW YEAR



■ ■ ■ ■ ■ NCSBN
National Council of State Boards of Nursing

LEADING TRANSFORMATION: ARCHITECTS OF NURSING REGULATION