

## Our Future Nursing Workforce: A Regulatory Perspective

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### Our History

North Carolina has the distinction of being the first state in the country, and second jurisdiction in the world, to pass laws in 1903 related to the practice of nursing—to register nurses who had completed formal education programs. Beginning in 1905, nurses also had to successfully complete a licensure exam in order to be registered. In those early years, formal nursing education took place in hospitals scattered across the state. By the mid-20th Century, practical nurse (PN) education programs were developed and registered nursing (RN) education moved beyond the hospitals, first into universities and then into the Community College System.

During this period of nursing education development and expansion, major regulatory emphasis was placed on standardizing and strengthening nursing education in the state—requiring all programs to meet a set of minimum standards for preparing new graduates to provide safe, effective nursing care to the citizens of our state. These standards focused on administrative structure of programs, resources, faculty preparation, curriculum including didactic and clinical learning opportunities, student services and minimum standards for passing licensure examinations. The NC Board of Nursing continues to set standards and approve nursing education programs as we move into the 21st Century. Today, there are close to 100 approved RN and PN education programs across our state.

In addition to authorizing the Board of Nursing to set regulatory standards for the approval of nursing education programs, by the early 1920s the Nursing Practice Act began defining the scope (or components) of practice for RNs, expanding to include LPN scope of practice by the mid-20th Century, and then scopes of practice for advanced practice registered nurses

(APRNs) by the last quarter of the 20th Century. Through the years, the NC Board of Nursing has worked diligently to assure that these regulatory standards not only meet our mandate for public protection, but also facilitate the evolution of nursing practice within an increasingly complex healthcare environment. Beginning in 2000, North Carolina entered the new age of multi-state nursing regulation through the enactment of the Nurse Licensure Compact—an agreement among states enabling licensees of one state to have the multi-state privilege to practice in other compact states according to the states' practice requirements, but without obtaining a license in those states.

### Regulatory Challenges in Our Current and Future Healthcare Environment

Today, we face not only the demands for nursing care in a high tech, high touch, fast-paced acute care environment, but also the demands for care by an aging population and others with multiple chronic care needs. As the NC Institute of Medicine Task Force concludes its study of and makes recommendations to address a nursing workforce that is both aging and declining in number, the NC Board of Nursing is also addressing how best to assure that this future nursing workforce is not only adequately prepared to provide safe, effective care, but also remains competent as practice evolves and expands. Equally important is the regulatory imperative to assure that providers are permitted to practice to the fullest extent of their educational preparation and competence.

As a regulatory board whose mandate is to protect the public, we are committed to removing unnecessary barriers that deny full utilization of our nursing workforce in order for our citizens to have access to a full range of appropriately qualified healthcare providers. The Board of Nursing continues to be committed to helping create the appropriate regulatory frame-

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work that provides for the utilization of advanced practice registered nurses to the fullest extent of their preparation without binding them to unnecessary oversight. We look forward to working with the NC Institute of Medicine in expanding this initiative.

## **Assuring Competence among Healthcare Providers**

Following the release of the reports *To Err Is Human* (1999) and *Crossing the Quality Chasm* (2001) by the Institute of Medicine (IOM) of the National Academies<sup>1,2</sup> regulatory and accrediting bodies involved in health professions education and healthcare delivery systems are being challenged to establish standards that will improve patient safety and dramatically enhance the quality of healthcare in this country. Consistent with these initiatives, the NC Board of Nursing has reframed our overall approach to assuring the on-going competence of the North Carolina nursing workforce. Within a quality improvement framework, the Board is committed to supporting individual practitioners with deficits in their knowledge, skills and abilities by keeping them in the work setting while further enhancing their competence to practice safely. To this end, we are piloting a non-punitive, collaborative early intervention program that addresses concerns which have been raised about competency of individual licensees by several hospitals and long-term care facilities across our state. Through mutual agreement with the employer, the licensee and the Board of Nursing, we are offering remedial education and monitored practice to enhance the individual's competence while at the same time addressing mechanisms within delivery systems that could be changed to better support the delivery of safe care. The Board hopes to offer this program statewide within the next few years. More information about this innovative approach to enhancing the delivery of safe patient care can be found on the Citizen Advocacy Center's website [www.4patientsafety.net](http://www.4patientsafety.net).

As we plan for our future workforce, the Board is also addressing the need to assure the public that licensees maintain competence throughout their careers. Rather than requiring licensees to obtain a certain number of continuing education hours on an annual or biannual basis, our Board, along with nursing representatives from across the state, has developed a reflective practice model for licensees to evaluate their own practice, develop a learning plan, and provide evidence of steps taken to maintain or enhance their competence. Implementation of this continuing competence model will require statutory changes to authorize the Board of Nursing to collect evidence of competence at the time of licensure renewal. The Board plans to seek this statutory authority in the 2005 General Assembly. As our workforce numbers decrease and fewer nursing personnel will have greater patient care responsibilities, it is imperative that regulatory bodies play a primary role in assuring the public that our licensees maintain competence throughout their careers.

## **Core Competencies Every Healthcare Professional Should Have**

Consistent with the challenge to reframe health professions education as proposed by the IOM Report *Health Professions Education—A Bridge to Quality*, (2003),<sup>3</sup> state Boards of Nursing and other health professions oversight bodies are formulating standards to include five core competencies that clinicians across all health professions should possess in order to achieve the vision of a 21st century quality healthcare system. These core competencies are: (1) providing patient-centered care; (2) working within interdisciplinary teams; (3) employing evidence-based practice; (4) applying a quality improvement framework for all care provided; and (5) utilizing informatics to communicate, manage knowledge, mitigate error and support decision making. To prepare all health professions to deliver care in this manner will require a significant shift from our traditional "silo" approach of education for each health profession to integrating educational opportunities across the health professions—from pre-licensure through career-long continuing education.

The NC Board of Nursing is currently in the process of drafting revisions to our education program standards to address these core competencies and other requirements for building a workforce prepared to deliver the level of care envisioned by the *Quality Chasm* report. The Board will carefully review the recommendations from the NC IOM Task Force on the NC Nursing Workforce related to enrollment, attrition, National Council Licensure Examination (NCLEX) pass rates, and national accreditation to assure our future standards will support an adequate supply of nurses who are well-prepared to provide care in this complex world of healthcare. We envision program standards that support innovative learning opportunities for nursing students which incorporate new teaching-learning modalities as well as more creative utilization of settings for clinical learning experiences. With the increasing body of evidence that strongly suggests the need for a better transition from education to entry-level practice, the Board, through its Foundation for Nursing Excellence, has begun to explore mechanisms to address this need. Consistent with the NC IOM recommendation for convening a group to study options to improve school-to-work transitions, we plan to work with a wide spectrum of stakeholders to develop, pilot and recommend a transition-to-practice model for statewide implementation within the next five-to-eight years.

## **Finding Solutions to Other Nursing Workforce Issues**

Since the year 2001, the Board has been asked to approve the development of six new PN education programs and four new RN education programs in a state that already has the second highest number of nursing education programs in the southern region of the US. As we look at the number of new programs that are seeking Board approval in light of the projected faculty shortages that will become most acute by 2010, North Carolina

must find a way to share these vital resources across programs if we hope to produce the number of nurses needed for the future. Although the NC IOM report addresses funding needs and mechanisms to assure that current resources are maximized within the existing educational programs, little has been done to address the impending faculty shortage in terms of sharing resources among programs either on a regional or statewide basis. In this new information age, the technology is available to support non-traditional resource sharing and teaching-learning opportunities across programs. If this does not occur, some programs may cease to exist within another 10-to-12 years.

### Other Questions that Need to Be Debated (with solutions to be formulated by key stakeholders)

How many nursing education programs can North Carolina support? Should the state institute a more formalized process for the approval of new programs that considers a variety of factors, including type of program, geographic overlap with existing programs, and demographics of the population to be served? Should there be a cap on the number of new programs or should this continue to be a market-driven process?

In addition to NCLEX pass rates, what outcome measures are needed to better assure the competence of entry-level practitioners? As referenced in the NC IOM report, NCLEX pass rates were never intended to be used as a single outcome indicator of the quality of a nursing education program.<sup>4</sup> As we develop further evidence through research studies, how do we articulate and measure the entry-level competencies that one needs in order to practice safely in this complex healthcare environment?

In order to further support the delivery of safe care, should there be limitations set on the number of hours a nurse could work in a 24-hour period and within a seven-day work week? Should there be standards set related to nurse:patient ratios? If so, by whom?

### Moving Forward

For more than 100 years, North Carolina has had a rich history of advancing nursing practice to meet the needs of our citizens. We are now at another critical time in our history where changes need to be made in all aspects of our profession—education, practice and regulation—to continue the legacy. Thanks to the coordinating efforts of the NC Institute of Medicine, grant monies from The Duke Endowment, and the commitment of nursing and related healthcare leaders across our state, the Task Force on the *North Carolina Nursing Workforce Report* lays out a plan of action that we must implement if we wish to have a sufficient and well-qualified nursing workforce

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to meet the needs of our citizens in the 21st Century. The next chapter of our nursing history is in our hands—may we be good stewards of our legacy and committed to meeting the healthcare needs of all North Carolinians. **NCMJ**

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