A Collaborative Model for Approval of Prelicensure Nursing Programs

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Currently, boards of nursing (BONs) use seven different models for approving nursing programs, and nursing education rules and regulations in BONs are not consistent across jurisdictions. In 2010, the National Council of State Boards of Nursing's (NCSBN) Board of Directors convened a committee to assess the state of prelicensure nursing program approval in BONs and to make recommendations to the NCSBN's board based on current and future needs. This article describes the committee's collaborative engagement with national accreditors and the recommendations that resulted.

Prelicensure nursing program approval is defined as the official recognition of nursing education programs that meet standards established by the board of nursing (BON; National Council of State Boards of Nursing [NCSBN], 2004). Nursing licensure in the United States is a two-pronged system:

1. The graduate must show evidence of graduating from a BON-approved nursing program.
2. The graduate must pass the NCLEX® licensure examination.

By graduating students and making them eligible to take the NCLEX, nursing faculty verify that students are competent for safe entry-level practice. BONs rely on each other to make sound program-approval decisions.

BON Approval and National Accreditation

Of the 60 U.S. BONs, one board (Nebraska APRN) only approves advance practice nursing programs. Of the others, all but three approve prelicensure nursing programs as part of their mission of public protection. Most BONs have the authority, procedures, and standards for nursing program approval in their acts and rules. BONs approve prelicensure nursing programs (initial approval) and programs at specific time intervals after initial approval (continued approval). Documented as far back as 1906, nursing program approval as a part of nursing regulation has a rich history, including site visits to ensure that programs are meeting regulatory standards (Spector, 2010). Many BONs make site visits to programs, and these visits are usually performed by a BON staff person, often referred to as an education consultant. Education consultants typically have a master's or doctoral degree in nursing and considerable experience in nursing education. Some BONs make their site visits in collaboration with the Commission on Collegiate Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC); others make separate approval visits (Spector, 2010).

Besides ensuring that BON regulatory standards are met through program approval, BONs can evaluate state issues affecting nursing programs, which often vary across the nation. In two states, program approval is accomplished by another state agency, which communicates with the BON. In one state, the BON is only involved with initial program approval when a program is not accredited by a national nursing accrediting body. In that state, continuing program approval is accomplished by the BON, but under specific statutory guidelines. Table 1 summarizes the seven models of nursing program approval used by U.S. BONs (NCSBN, 2011a).

In addition to BON approval, many nursing programs also seek national nursing accreditation from the NLNAC or the CCNE. National nursing accreditation ensures the quality and integrity of nursing education programs and serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement.

Figure 1 depicts the distinct characteristics of accreditation and BON approval as well as their common goals. For example, the mission of the BON is to protect the public; the mission of the accreditors is to ensure the quality and integrity of nursing programs. The shared goals include ensuring the quality and safety of programs and monitoring outcome measures of effectiveness. In the end, accreditation, education, and regulation all have the same goal of providing safe and competent nurses in sufficient numbers to meet the needs of society.

In many areas, BON program approval and national nursing accreditation could share processes and outcomes, thus lessening the burden on BONs and nursing programs. For example, writing two separate similar self-studies, one for the accreditor and the other for the BON, could be eliminated. However, fundamental differences do exist between BON program approval and national nursing accreditation. First and foremost, program approval is an essential component of the U.S. model for initial

TABLE 1

Prelicensure Nursing Education Program Approval: Seven Models

- **Boards of nursing (BONs) are independent of the national nursing accreditors (28 BONs).**
  These BONs approve nursing programs separately and distinctly from the national nursing accrediting bodies. Initial approval processes are conducted before accreditation takes place.
- **BONs and national nursing accreditors collaborate (5 BONs).**
  BONs share reports with the national nursing accrediting bodies and/or make site 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.
- **BONs accept national nursing accreditation as meeting BON approval (5 BONs).**
  BONs accept national nursing accreditation as meeting state approval, though they continue to approve schools that are not voluntarily accredited. The BON is available for assistance with statewide issues (e.g., the nursing shortage in the 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 the school is causing harm to the public. Initial approval processes are conducted before accreditation takes place.
- **BONs accept national nursing accreditation as meeting BON approval with further documentation (10 BONs).**
  BONs accept national nursing accreditation as meeting state approval, but may require more documentation, such as complaints, NCLEX® results, excessive student attrition rates, excessive faculty turnover rates, or information on a lack of clinical sites. Initial approval processes are conducted before accreditation takes place.
- **BONs require national nursing accreditation (6 BONs).**
  BONs require their nursing programs to become accredited by a national nursing accreditation body and use model 3 or 4 to approve them. Initial approval processes are conducted before accreditation takes place.
- **BONs have no jurisdiction over programs that have national nursing accreditation (1 BON).**
  BONs initially approve nonaccredited programs under specific statutory requirements.
- **BONs are not involved with the approval system at all (2 BONs).**
  BONs do not have the authority to approve nursing programs; the agency with the authority communicates with the BON.

licensure. Further, BONs are better positioned than national accreditation agencies to understand the specific jurisdiction's education issues, such as a lack of clinical sites or a faculty shortage. Additionally, BONs have the legal authority to close nursing programs that do not meet standards; accreditors do not. Recently, the number of fraudulent nursing programs has increased, and BONs are strategically positioned to work closely with other state agencies to issue cease-and-desist orders. Through networking systems, BONs can easily share information about fraudulent programs with each other, as these programs often are forced out of one state but then start up in another. Fraudulent nursing programs take students' tuition money, claiming to be BON approved. However, they do not meet state standards and are not approved, so students graduate with significant debt, but not the ability to take the NCLEX and practice as nurses.

In addition to meeting approval standards, nursing programs must also meet standards of other state or federal agencies. For example, they must meet the standards of the Occupational Safety and Health Administration and comply with the Americans with Disabilities Act. Their parent institutions may be required to meet standards set by various state or regional agencies, such as the Southern Association of Colleges and Schools in the south (Spector, 2010).

Challenges of Program Approval

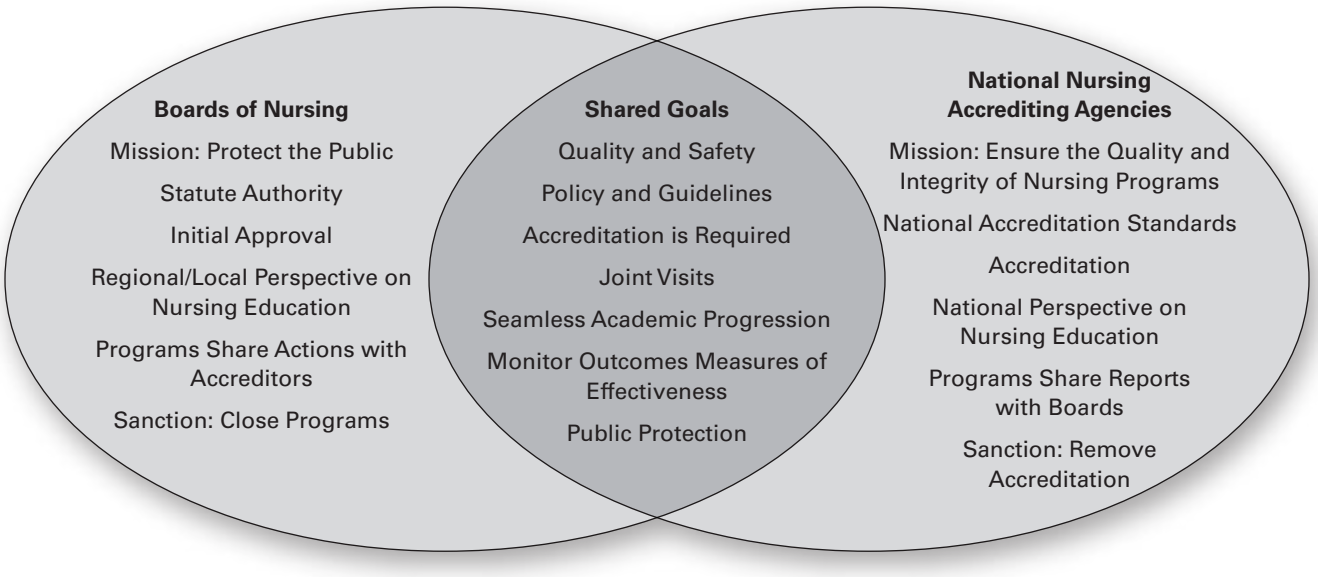
BONs find that the nursing program approval process presents a number of challenges (Smyer & Colosimo, 2011). Program approval takes a large amount of BON staff time, and state resources have been shrinking, sometimes resulting in fewer available work hours for staff or the elimination of positions. In some states or jurisdictions, the number of new nursing programs is rapidly growing, creating more work for an already overburdened staff. NCLEX program codes show that 264 new registered nurse (RN) and 320 new licensed practical/vocational nurse (LPN/VN) programs were established between 2001 and 2005, while 421 new RN and 388 new LPN/VN programs were established between 2006 and 2010. That is a 59% increase in RN programs and a 21% increase in LPN/VN programs.

Furthermore, for programs with national nursing accreditation by CCNE or NLNAC, redundancy and overlap often occur during continuing program approval. Programs may feel the regulatory burden of two separate processes at a time when many programs have reduced resources.

In a broader context, today's health care environment is complex, and the acuity of patient care needs is increasing. Further, a growing body of literature links more highly educated nurses with better patient outcomes, so there is a national call to increase the educational level of the nursing workforce (Benner, Sutphen, Leonard, & Day, 2010; Institute of Medicine [IOM], 2011; NCSBN, 2010). The widely disseminated Institute of Medicine's *The Future of Nursing: Leading Change, Advancing*

FIGURE 1

Collaborative Model of Continuing Program Approval



Health (IOM, 2011) report recommends that by 2020, 80% of the RN workforce be educated at the baccalaureate level. Concomitantly, nursing needs to meet future workforce needs, to prepare nurses for new practice models, and to address the critical faculty shortage (NCSBN, 2010). Yet, many RN-to-BSN, nursing master's, and other nursing programs used for degree advancement require graduation from a program accredited by the national nursing accrediting bodies before admission. Therefore, if BONs required national nursing accreditation in their approval processes for continued approval, program standardization would promote articulation and assist students in achieving higher levels of nursing education.

Assessing Nursing Program Approval

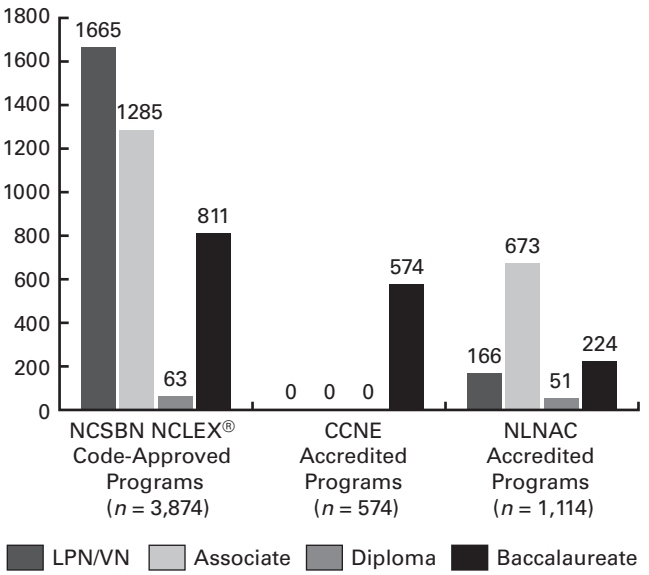
In 2010, the National Council of State Boards of Nursing's (NCSBN) Board of Directors convened a committee to assess the state of prelicensure nursing program approval in BONs and to make recommendations based on current and future needs. The committee members included seven board members from BONs, who were educators; five BON staff personnel, including two executive directors; an NCSBN Board of Directors liaison; and staff members from NCSBN. Over 2 years, the committee took several steps to study the BONs' approval processes and how the approval process relates to and possibly intersects with national nursing accreditation:

- Reviewing and analyzing available data and literature from a number of sources to understand and document the issues, such as the percentage of accredited nursing programs at all levels of prelicensure education (see Figure 2)
- Developing a Venn Diagram that depicts the uniquenesses of accreditation and approval (on each end of the diagram), but also illustrates where shared goals occur (the overlapping areas; see Figure 1)
- Conducting and analyzing surveys of BONs about their approval processes, experiences with collaborative site visits with the national nursing accreditors, and use of the accreditation reports
- Meeting face to face and holding conference calls with designated representatives from BONs and the national nursing accrediting agencies to learn about the potential and actual issues related to why there is not more collaboration between BONs and accreditors
- Hosting a face-to-face World Café meeting with representatives from national nursing accrediting agencies to learn about the differences and similarities between nursing program approval and national accreditation and to develop an ongoing relationship as well as to begin a dialogue among educators, regulators, and accreditors about the future of approval (NCSBN, 2012c).

With the profession calling for nurses to advance their education (Benner et al., 2010; IOM, 2011; NCSBN, 2010), many schools are requiring nurse applicants to be graduates of an NLNAC or CCNE accredited program. Accreditation ensures that national standards are achieved at each level of education, thus promoting articulation to the next level. Graduates from nonaccredited nursing programs have difficulty advancing their education. Yet, in studying the BON nursing program approval process, the committee found that many nursing programs are not

FIGURE 2

2012 Comparison of Prelicensure Approved and Accredited Programs



accredited by a national nursing accreditation agency (see Figure 2). When comparing the number of programs accredited by the CCNE (Commission on Collegiate Nursing Education, 2012) or NLNAC (National League for Nursing Accrediting Commission, 2012) to the number of approved programs (NCSBN, 2012b), the committee found that in 2012, 96% of all baccalaureate and master's entry programs and 80% of diploma programs are accredited by the national nursing accrediting agencies. However, only 52% of associate-degree programs are nationally accredited. This percentage is particularly concerning because 57% of all RN first-time NCLEX test takers in 2011 graduated from associate-degree programs (NCSBN, 2011b). Even more striking, only 10% of practical nursing programs were nationally accredited. Thus, many students graduate from a program but will not be able to advance their education in nursing.

Dialogue With Accreditors and Educators

As part of this inquiry on program approval, representatives from CCNE and NLNAC met with the committee to discuss their processes, such as ongoing monitoring procedures and specifics about their accreditation reports. The committee reviewed the processes of approval in BONs and described some of the BON issues. The representatives stressed the importance of ongoing communication between CCNE and NLNAC and the jurisdictions regarding the approval status of programs. The committee discussed some possible collaborative goals, such as establishing guidelines for joint site visits of accreditors and BONs to nursing programs.

Through interviews and dialogue, the committee and the representatives identified other issues. Some BONs believed that the accreditors did not place enough emphasis on NCLEX pass rates, and many were concerned that the accreditors did not share program accreditation communications with the BONs. BONs were also concerned that sometimes the accreditor's faculty qualifications standards did not allow for diverse backgrounds. However, many BONs had positive experiences with the accreditors, particularly those that require national nursing accreditation.

To facilitate collaboration among educators, regulators, and accreditors, NCSBN hosted a World Café meeting on December 8 and 9, 2011, for participants to discuss the future of nursing education, and particularly program approval in BONs. The World Café format was selected to emphasize that this meeting was to be a different experience, one intended to capture the wisdom and creativity of the participants as they explored important questions. Two hundred participants from 48 jurisdictions attended: 93 educators, 88 regulators, and representatives from 19 organizations. The question the participants pondered was: *What could nursing be when education, approval, and accreditation were aligned?* A content analysis by qualitative researchers identified these themes for discussion (NCSBN, 2012c):

- Mutual goals for nursing education, regulation, and accreditation
- Power and influence for the profession
- Unity, trust, and collaboration
- Economy of time and money
- Transparent communication
- Safety and protection of patients and students

Though the themes about how the nursing profession could benefit by more alignment among education, regulation, and accreditation supported future collaboration, there were some cautionary remarks as well. Some participants feared the uncertainty of the outcomes. For example, concern was expressed about the cost of mandating national nursing accreditation.

The conversations at this meeting have been the impetus for ongoing regional and statewide initiatives in nursing. A follow-up survey (NCSBN, 2012c) indicated the meeting stimulated participants to try out the World Café methodology in their own workplaces. Participants also reported the meeting strengthened their efforts with coalitions to implement the *Future of Nursing* report's recommendation to increase the proportion of baccalaureate-educated nurses to 80% by 2020. Further, several states reported that they have begun conversations about requiring national nursing accreditation.

Recommendations: A Collaborative Model

After reviewing the evidence, the committee recommended that by 2020 all jurisdictions develop a collaborative model for program approval, requiring national nursing accreditation as an integral part of their continuing approval process. This new model would reduce redundancy between approval and accreditation, save re-

sources by sharing data collection, and aid nurses in advancing their education. Because program approval is core to the licensure model in nursing, the committee also recommended that BONs continue to have authority over nursing program approval, make independent initial approval decisions, and make the final decision on continuing approval considering the data from CCNE and NLNAC. The recommendations include:

- BONs shall have statutory authority over nursing programs.
- To foster more consistency and be in harmony with the 2010 *Future of Nursing* report (IOM, 2011), all RN and LPN nursing programs should be accredited by a national nursing organization by January 1, 2020.
- BONs shall make initial prelicensure nursing program approval decisions, making site visits as needed since they are in a position to understand the local issues.
- BONs may accept national nursing accreditation for continued approval decisions and are encouraged to use accreditation self-studies to decrease redundancy, though BONs may require additional data. BONs might make site visits for continued approval, when deemed necessary. If BONs make site visits, they are encouraged to make them jointly with the national nursing accreditors to enhance collaboration and a mutual understanding of each other's roles. The committee, with input from the accreditors, developed guidelines for making joint visits, outlining best practices (NCSBN, 2012a).
- To reduce the burden on programs, BONs will use the national nursing accreditation annual reports when monitoring programs, though they may ask additional questions.
- For continued approval, BONs will require the programs to share specified national nursing accreditation documents and reports since BONs have legal authority over the programs and therefore need evidence for their decisions.

Six states (Nevada, Rhode Island, Colorado, Hawaii, Minnesota, and Utah) already require national nursing accreditation, but states going forward with this recommendation should be aware that education programs have complained about the cost of the requirement. The committee reviewed the fees associated with national nursing accreditation and decided that, though cost may be an issue for some programs, it is not a significant concern for most. Programs are encouraged to make the case to their administration for making national nursing accreditation a priority.

Another challenge might be convincing legislators and policy makers of the importance of maintaining the U.S. licensure approval model, while collaborating with the national accreditors to enhance quality and reduce duplication of efforts. The committee developed a one-page bulleted handout for educating legislators, policy makers, and others regarding the roles of national nursing accreditation and BON program approval. Also, many BON requirements (and the NCSBN model education rules) allow for a more diverse faculty than some of the accreditor standards. There are fears that programs could be in jeopardy if they have to meet the more stringent faculty accreditation standards, particularly in practical nurse and associate-degree programs. To overcome some of these challenges, 2020 was set as the date to require national nursing accreditation, so states and NCSBN would have time to work through issues.

Each BON will review the revised act and rules and decide whether to adopt them in their jurisdiction. NCSBN has developed informational resources that are available online for making these decisions (NCSBN, 2012a). Further, an online toolkit has been developed (www.ncsbn.org/3909.htm) to assist BONs and educators, and NCSBN staff are available to assist BONs. NCSBN will monitor how jurisdictions are doing with requiring accreditation and evaluate the effectiveness of these recommendations.

Conclusion

BONs currently use seven different models for approving nursing programs, and nursing education rules and regulations in BONs are not consistent across jurisdictions. Further, BONs are experiencing slashed budgets and limited resources. Requiring national nursing accreditation by 2020 and fostering collaboration with the accreditors will reduce redundancy, save resources, and ease the burden on individual nursing programs. As nursing moves to the future and implements the recommendations in the *Future of Nursing* report (IOM, 2011), it will become essential for students to graduate from accredited nursing programs at all levels. NCSBN will support the BONs as they move ahead with requiring accreditation, recognizing the challenges that BONs may experience.

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