White Paper on the State of the Art of Approval/Accreditation Processes in Boards of Nursing

May 30, 2004

Introduction

This White Paper analyzes some of the issues and trends of approval processes, not only in the U.S., but also worldwide. The impetus for the White Paper, a recommendation from the Practice, Education, and Regulation Congruence (PERC) Task Force, is described. The history of approval/accreditation of nursing programs is discussed, both in the U.S. and globally. The comprehensive work on approval/accreditation processes that was done at NCSBN in the 1990s is reviewed and put in context with the current research done at NCSBN. Globalization issues of approval processes are discussed, considering the approval guidelines issued by the International Council of Nurses. Current models of approval/accreditation by boards of nursing in the U.S. are presented, and future trends are identified.

Background

The Practice, Regulation, and Education (PR&E) Committee considered the following tactic: Utilize the approval criteria to develop models of collaboration between boards of nursing and accrediting agencies.

This particular tactic was devised from NCSBN's strategic initiative and the work of the PERC Task Force (Action plan to establish congruence among practice, education, and regulation, 2002; Practice, education, and regulation congruence task force, phase one report, 2002). This group, looking at the future of regulation, recommended that NCSBN identify the models that boards of nursing use to approve/accredit schools of nursing. Some of their conclusions related to this tactic were:

1. It became apparent that there are times when regulation should operate in isolation, and others where regulation, education and practice should act together (Action Plan, 2002).

2. It became evident that a greater degree of congruence will be needed in the health care arena of the future. The PERC Task Force created a three-dimensional model to describe the impact of incongruence on the nursing profession. This model (See Appendix A.) demonstrates practice, education, and regulation as circular bands. Pictured as a ball, the circles are close together and the centers aligned. When this level of congruence is present, they form a perfect ball, thus being round and functional (i.e. the ball can bounce.) Yet, when the circles are misaligned and the centers far apart, the ball is asymmetrical and dysfunctional. (Action Plan, 2002).

In order to look at congruencies and incongruencies the Task Force invited comment from 200 nursing, governmental and regulatory organizations. This open invitation was distributed by mail and posted on the NCSBN Web site. Fourteen stakeholders were then selected to meet with the Task Force to hear their perspectives directly and to clarify written comment.

3. Some of the congruencies/incongruencies related to this topic of approval were (PERC phase one report, 2002):
    - Regulation and education both value high quality nursing education. – congruent
    - Most boards collaborate with educators. - congruent
    - Although the business of accreditation may pose a potential conflict of interest, some boards grant approval to nursing programs that meet national accrediting agency standards. – incongruent
    - For nursing programs that are reviewed by both their board of nursing and nursing accrediting body, review processes are often not coordinated and review requirements may be duplicated. Documentation requirements sometimes differ. The duplication of resources and effort are a burden to nursing programs. – incongruent
    - The majority of nursing graduates pass NCLEX and nursing programs teach content related to licensure requirements. – congruent
    - Public health nursing and population-focused nursing concepts receive inadequate attention in nursing curricula. – incongruent
    - Educational programs do not consistently provide theory content and clinical experience essential for practice. Curricula of today compare with those of 20 years ago, with additional content added. The acuity of patients and technology advancements are not consistently reflected in program syllabi/curricula. – incongruent
    - While an assumption is made that graduates from an approved nursing program who have passed a licensure exam are able to practice safely at an entry level, there is no agreement among practice, education and regulation on criteria to measure safe post-entry practice. – incongruent
    - A healthy separation exists when regulation provides a process for input from all affected parties and considers the input received, but in the end focuses on what is in the best interest of the public. Yet, an unhealthy separation exists when boundaries are in place that exclude education and practice from providing input and when boards do not take into account information from a variety of sources. – congruent/incongruent
    - When practice, education, or regulation works to influence regulation from any agenda other than public protection, congruence is disrupted. - incongruent
    - The variation and lack of standardization in regulations across jurisdictions are causes of incongruence.

The PERC Task Force discussed the philosophical and operational differences between nursing program approval by boards of nursing and voluntary accreditation by national accrediting bodies. While the mission of boards of nursing is to protect the health, safety and welfare of the public by establishing minimum standards for pre-licensure programs, the mission of the accrediting agencies is to ensure the quality and integrity of nursing programs by assessing and identifying programs that engage in effective educational practices (PERC phase one report, 2002). Boards of nursing are state agencies, while the national nursing accrediting bodies are not-for-profit, financially dependent on the voluntary accreditation of nursing programs. The PERC Task Force also concluded that since there are two national nursing accrediting bodies, there could be competition for business.

History of Approval/Accreditation

With that background identifying the development of this tactic, some historical discussion of the development of approvals/accreditation in boards of nursing will be helpful in understanding how approval/accreditation in boards of nursing has evolved. The 1994 NCSBN Model Administrative Education Rules (p. 2) defined board of nursing approval/accreditation as: "official recognition of nursing education programs which meet standards established by the board of nursing." That is the definition that will be used in this White Paper. Some boards of nursing use "accreditation" instead of "approval," so the terminology in this paper is "board of nursing approval/accreditation." Board of nursing accreditation should be differentiated from accreditation by national nursing accreditors, such as the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLN-AC). Generally, accreditation by the national nursing accreditors is defined as: "a voluntary process by private agencies which is an external quality review by peers to assure that an educational program meets established standards for structure, function, and performance (Sheets, 2002). Board of nursing approval/accreditation is done for the purpose of protecting the health, safety, and welfare of the public, while national nursing accreditation is a voluntary, nongovernmental peer-review process to assure that schools of nursing are meeting standards. There is a more in-depth discussion of the differences between board of nursing approval/accreditation and national nursing accreditation elsewhere (Spector, 2004), and more discussion of regulation in general can be found elsewhere (Clark & Waring, 2001; Crawford, 2001; Report on "The Regulation of Nursing," 1985; Safriet, 2002; Sheets, 2002; Weisenbeck & Calico, 1991)

During the late 1800s and early 1900s, England first struggled with nursing regulation, the debate being self-regulation versus legal regulation. Florence Nightingale, and other nurse opponents to regulation, believed the focus should be on the societal/moral standards of the professional nurse, rather than on their nursing abilities. Nurses who favored regulation thought this was the opportunity to establish qualifications, thus safeguarding the public and nursing. Physicians and administrators feared losing control over nursing and therefore were opponents to regulation. While this debate was raging, New Zealand was the first country to enact an independent licensing law on August 12, 1901, and Ellen Dougherty of New Zealand was the first nurse, worldwide, to be registered (Report, 1985; Spector, 2004; Weisenbeck & Calico, 1991). Likewise, Canada began to regulate nurses in the early 1900s (Clarke & Wearing, 2001). In 1919 England finally enacted The Nurses Registration Act of 1919, and this provided for a main registry for general nurses who met certain qualifications. It further established supplemental registries for male nurses and specialists in mental disease, care of children, and infectious disease (Report, 1985.)

In the U.S., North Carolina enacted the first registration law in 1903, followed by New York, New Jersey, and Virginia. However, the early registration laws did not define the scope of practice. New York, in 1938, was the first state to define a scope of practice and to adopt a mandatory licensure law (Flanagan, 1976; Weisenbeck, 1991). After the registration laws were enacted in the U.S., state boards of nursing began to emerge for the purpose of regulating nurses and protecting the public. By 1906 inspectors of schools or hospitals with nursing training programs began making program visits for approval. One of the first nurse inspectors was Annie

Damer, in New York (American Nurses Association [ANA], 2001; N. Birnbach, personal communication, July 29, 2002; Spector, 2004).

When national nursing organizations began to accredit nursing education programs, boards of nursing continued with their approval processes, utilizing the standards of education found in the nursing practice acts and the rules and regulations. As a result, nursing's dual process for evaluating nursing education programs evolved. Complicating this was the development, in the 1990s, of two national nursing accrediting agencies, CCNE and NLN-AC. No other professional group in the U.S. has 2 accrediting agencies.

International Work on the Approval/Accreditation by Regulatory Bodies

In 1995 the International Council of Nurses (An approval system for schools of nursing, 1997) was asked to prepare a guide for an approval system for schools of nursing, based on the previous work of ICN in this field. This recommendation arose out of the understanding that high practice standards and quality education are influenced by the approval system serving it. Yet, at that time, many countries lacked approval systems or were being served by poor approval systems. By calling on this international group to establish approval standards for schools of nursing, the ICN member associations made a statement that excellent approval systems, measured and monitored by a regulatory authority, benefit society and add to the credibility of nursing.

In preparing their guide for approval systems in schools of nursing, the ICN considered potential benefits and problems of approval systems. According to ICN, potential benefits of good approval systems include:

- While ICN did not provide data to validate this, they state that there is a direct relationship between poor nursing care and the quality of nursing programs.
- An approval system communicates to the nursing profession, policy makers, employers, and citizens that the profession has established standards, with continuous review, monitoring, and enforcement, guaranteeing that the graduates of these programs have met certain criteria.
- A well-developed approval system is current and abreast of progress in the nursing field, as well as health sciences and education.
- Approval systems can be a source of development for the nursing faculty and the institution.
- A good approval system in a country can assist with promoting greater uniformity in educational outcomes across the country.
- An effective approval system in a country can help with cross border agreements about equivalence of standards.

Regulators and educators in the U.S. would agree with these benefits.

The ICN members state that potential problems of approval systems are:

- There are expenses for the educational system and the authority charged with the approval.
- They may create a heavy burden on the schools of nursing.
- New or changing approval systems may leave faculty feeling threatened and vulnerable, particularly those faculty members who have insufficient knowledge of the approval system.
- External or multidisciplinary review bodies may have insufficient appreciation of the discipline and practice of nursing.
- Inconsistent application of standards may undermine the existing system.

In the U.S., except for a few jurisdictions, there are usually not external or multidisciplinary review bodies doing approvals, so that isn't a potential problem for most of our boards of nursing. However, the others can be potential problems for the approval system in the U.S.

The ICN document (An approval system for schools of nursing, 1997) identifies 7 essential elements of approval systems, regardless of the jurisdiction, and places these within a conceptual framework. The essential elements are:

- *A statement of purpose* – The purpose of the approval system should be stated clearly as it will provide direction. A purpose might include protecting the public from unsafe practices, as well as fostering the profession of nursing.

- *The focus of approval* – The ideal focus of regulatory control in the approval system would include the educational programs preparing the nurse for practice, the educational institutions in which the programs are offered, and the clinical facilities used for learning.

- *Regulatory mechanisms* – When an external authority, such as the government, applies standards and grants credentials (i.e. approval), this is often called the credentialing process. The credentialing mechanisms can be referred to by a variety of terms, including approval, accreditation, certification, licensure, recognition, registration, and validation. In this instance the credentialing activity is termed approval, and this is usually given to the school of nursing for 3 to 5 years. Continuing approval must be sought, and approvals may be withdrawn when the standards aren't met.

- *Regulatory authority* – The regulatory authority may vary according to the purpose of approval and the particular jurisdiction. The authority may be the government, but other authorities also could exist. Ideally, however, the approval/accreditation body should be independent of the institution being reviewed to avoid conflicts of interest; an example of a conflict of interest would be a governmental agency that is the credentialing authority, but also the owner of the school of nursing.

- *Agents of approval* – The associations, or people carrying out the approval/accreditation processes, are referred to as the "agents of approval." Often legislation designates who is responsible for approval/accreditation of nursing programs. Often a variety of key stakeholders participates in some way in the activities of approval/accreditation of nursing programs.

- *Standards to be achieved* – The ICN defines the standards to be achieved as "the desirable and achievable levels of performance against which actual practice is compared." Processes for establishing standards should include regular review and revision, without compromising the authority of the standards. The following are likely standards to be addressed in nursing program approvals:

    - Organization and administration
        - Structure, organizational policies and relationships
        - Director
        - Faculty
        - Personnel policies
        - Budget
        - Documentation
    - Curriculum
        - Content
        - Implementation of curriculum
        - Curriculum evaluation
    - Students
        - Selection
        - Policies
        - Rights and responsibilities
    - Resources and facilities
        - Faculty
        - Classrooms/laboratories
        - Clinical and community learning sites
        - Library
        - Other school activities
        - Support services
- *Methods and Instruments of Approval* – Suggested methods and instruments used to validate that programs are meeting the required standards may include:
    - Performance on examinations
    - Self-evaluations
    - Review of university documents, including policies, curriculum documents, samples of tests, evaluation tools, minutes of meetings, faculty appraisals, etc.
    - Review of faculty qualifications
    - Letters of recommendation
    - Interviews with students, clinical staff, faculty, and administrators
    - On-site visits to classrooms and clinical learning settings

Surely these guidelines are very similar to the structures in place in the U.S. boards of nursing. If all nursing programs throughout the world were approved by authorities as described by the ICN, equivalency of standards would be in place.

Previous Work by NCSBN on Approval Models

In the mid-nineties NCSBN was involved in a major initiative to study approval models in boards of nursing (Report of the nursing program accreditation/approval subcommittee, 1998). This initiative involved the following (results can be found in the 1998 NCSBN Business Book):

- Member board needs assessment, related to approval/accreditation.
- Completion of quantitative research study related to approval of nursing programs.
- Completion of a qualitative research study related to the relationship between the approval and accreditation processes for basic nursing programs.
- Completion of a survey to the 10 boards of nursing that deem accreditation as meeting state approval requirements.
- Hosting of an approval/accreditation roundtable
- Development of a position paper (Position paper, 1998).

The member boards of NCSBN completed an assessment related to approval/accreditation of nursing education programs, addressing various approaches to approval/accreditation of nursing programs and the desirability of having uniform requirements. They identified models for approval (See Box 1.), and they found that the predominant model being used was Model A. (79.5% of the boards). The responses indicated that most boards were satisfied with their model, and 89% of the boards indicated that their present model would continue to safeguard the public in the changing healthcare environment. Furthermore, 72.2% of the boards reported that future needs would be met by boards of nursing granting initial and continuing approvals of education programs (Report of research findings and data sources, 1998).

Nurse educators (stratified random sample of 560 nursing education programs) indicated that both Models A. and B. were effective in demonstrating accountability and protecting the public. However, they felt Model B. was advantageous because it was less costly, more of a time-saver, and was more user-friendly. While over 87% of the educators believed that it is essential or very essential that boards be involved in the approval of basic nursing education programs, 78% believed that boards of nursing should follow uniform procedures. Respondents were in agreement that boards of nursing should have a role in setting standards for advanced practice, but they were not in agreement as to whether boards of nursing should approve these programs (Report of research findings and data sources, 1998).

In-depth qualitative telephone interviews from 16 major stakeholders were conducted, representing consumers, interest organizations, professional organizations, accrediting bodies, and employers. A strong majority of the respondents believed that boards of nursing should deem CCNE or NLN-AC accreditation as meeting state approval requirements. However, a subset of the interviewees didn't agree with the boards of nursing deeming CCNE or NLN-AC accreditation as meeting state approval requirements. The consumers and employers were concerned that this wouldn't protect the public. Their concerns were threefold; the accrediting agencies:

- Tend to be too academically oriented
- Are sometimes out-of-touch with market realities
- Are slow to respond to changes in the marketplace

However, these same employers and consumers did agree that national nursing accreditation standards would be acceptable if the process ensured that the approval/accreditation criteria from the boards of nursing were incorporated.

These stakeholders generally agreed that a single set of national standards that encompass minimum criteria should be created. While this group recognized the historical role of boards in establishing approval criteria, with advances in professional standards, conduct and roles, they perceived less regulatory need by the boards of nursing in the future. Therefore, they believed that boards of nursing no longer need to be as involved with approval/accreditation of nursing programs as they have been (Report of research findings and data sources, 1998).

On April 21, 1998, NCSBN hosted a Nursing Approval/Accreditation Roundtable meeting, with the following in attendance: ANCC, CCNE, NLNAC, as well as the NCSBN Subcommittee on Nursing Program Approval/Accreditation. At this time significant issues in approval were discussed, including outcomes, effectiveness of approval and accreditation processes, consistency, federal funding issues, redundancy, and economy of resources (Report of research findings and data sources, 1998).

A Position Paper, entitled "Position Paper Related to Approval of Nursing Education Programs by Boards of Nursing" was then developed, outlining these unique roles of boards of nursing (Position paper, 1998):

- Granting initial approval of basic nursing education programs.
- Monitoring and sanctioning programs at risk by statutory authority.
- Demonstrating greater awareness of statewide nursing education program needs.
- Participating in standard setting of nursing education programs.

NCSBN Models of Approval in the 1990s **Box 1.**

- **Model A** *Separate and Distinct Mechanism* – The board of nursing grants initial and continuing approval of nursing programs based on the board's separate and distinct view of the nursing education program.
- **Model B** *Accreditation Recognition Mechanism* – The board of nursing grants initial approval based on the board's separate and distinct view, and grants continuing approval based on the board's recognition of national nursing accreditation as a criterion for continuing approval for those programs that choose to be nationally accredited. Boards of nursing retain their authority for program approval. For those programs not accredited, the separate and distinct mechanism would apply.
- **Model C** *Non-involvement Mechanism* – The board of nursing is not involved in the approval process; another agency approves nursing education programs.
- **Model D** *Other* – Other approaches used for approval of nursing education programs.

Current Work at NCSBN on Approval/Accreditation Processes

Currently, the 2002 Profiles of Member Boards (Crawford & White, 2002) reports that 54 boards of nursing approve/accredit basic RN educational programs, while 2 boards of nursing do not; there is no information from 4 boards of nursing. In the 2 boards that don't approve nursing programs, the approval is done by the Department of Education. The 2002 Profiles reports that 44 boards of nursing approve PN programs, while 3 do not; of the 3 who do not, 1 is only an RN board of nursing, and approvals in the other 2 states approvals are done by the Department of Education. Fourteen boards of nursing did not report data about the PN programs in their states. Five boards of nursing are recognized as an accrediting agency by the U.S. Department of Education. Eight boards of nursing grant approval to those nursing programs that meet national accreditation standards (Crawford & White, 2002). This number is down from the 2000 Profiles (Crawford & White, 2000), at which time that number was 10. However, the number of boards that will accept programs that meet accreditation standards, along with other qualifications (such as maintenance of NCLEX results), has increased from 8 to 10. Similarly, the number of boards that collaborate/coordinate with national accreditation bodies has risen (from 2000 to 2002) in all of the following areas:

- On-site collaborative visits have risen from 28 to 30.
- Use of reports prepared by educational programs has risen from 29 to 35.
- Use of reports prepared by visitors regarding findings has risen from 21 to 25.

Therefore, the trend is for the boards of nursing to collaborate with the national accrediting agencies on approval/accreditation of nursing programs. Another trend has developed that bears watching. In a survey sent out by the NCSBN PR&E Committee (Does your state require national accreditation by CCNE or NLNAC, 2003), the findings indicate that there is a trend for boards of nursing to mandate national nursing accreditation, though so far, many of the boards that do require accreditation, or will in the future, are in small jurisdictions. To date, 5 boards of nursing require national accreditation by NLNAC or CCNE; 2 boards will require it in the future (one board will require it by 2008, and in the other board it will be required for RNs and PNs in their new regulations); and 1 board is considering requiring national accreditation.

Other data regarding approval/accreditation by boards of nursing (Crawford & White, 2002) include the following:

- 48 of the 50 boards responding have authority for new programs.
- 57 of the 59 boards responding have authority for existing programs.
- 48 of 50 boards responding have authority for program modifications.
- 48 of the 50 boards responding have authority for program closures.
- 41 of the 50 boards responding have the authority to intervene when a problem is identified during the accreditation process; 2 of the 9 boards that responded no can intervene during the approval process only.

In 2003 the PR&E Committee developed *essential criteria* (Current Thinking on Essential Criteria for Nursing Education Programs, 2003) for those boards that deem approval to nursing programs that are nationally accredited by NLN-AC or CCNE. These criteria were based on the

results of surveys sent to all the boards of nursing (49 responded), as well as CCNE and NLN-AC (Survey of Board of Nursing Activities Related to Nursing Education Program Approval Results, 2003). These criteria are:

1. Initial approval of nursing education programs, including:
    a. Review proposed curriculum
    b. Review educational facilities and resources
    c. Review clinical teaching facilities & methodologies
        - Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources
    d. Assessment of organization of nursing education programs
    e. Review qualifications of program administrators
    f. Review responsibilities of program administrators
    g. Review qualifications of program faculty
    h. Review responsibilities of program faculty
2. Continuing approval of nursing education programs, including:
    a. Review/evaluate curriculum
    b. Review/evaluate educational facilities & resources
        - Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources
    c. Review qualifications of program administrators
    d. Review qualifications of program faculty
3. Monitor and sanction nursing education programs that put the public at risk
    - Make emergency visits for complaints
    - Suggested areas of concern may include: decreasing NCLEX results, sudden high student attrition rates, national accreditation changes, significant faculty attrition

Lastly, research by the Commitment to Ongoing Regulatory Excellence (CORE) Committee provided NCSBN with some very illuminating data. They had educators rate the essentiality of the involvement of boards of nursing in program approval. The answers were generally quite positive, validating the need for program approvals. They were asked to rate how essential board of nursing involvement is in the approval/accreditation of nursing programs, on a scale of 1 (very essential) to 3 (not essential). Educators from basic nursing programs (534) reported the essentiality as 1.23; from RN completion programs (394) as 1.90; from MSN programs (363) as 2.18; and from doctoral programs (347) as 2.42. While the educators see approvals as essential for basic programs, this belief was less strong with RN completion and graduate programs. The nursing programs generally reported adequate board approval processes, with all their ratings being lower than 1.5 (1= always adequate; 3= inadequate). The elements of the approval processes that they rated included:

- Interval between visits 1.40
- Preparation time for board visits 1.38
- Communication with board staff 1.43

- Time spent on site during visit 1.31
- Feedback/evaluation provided by board 1.37
- Timeliness of providing feedback 1.40
- Comprehensiveness of feedback 1.38
- Fairness/objectivity of board findings 1.42
- Time given to correct deficiencies 1.37
- Fairness in monitoring compliance 1.32
- Overall benefit of approval process 1.39
- Due process of disagreements regarding findings and plan of corrections 1.42

Furthermore, the educators found the boards of nursing consistently helpful (1.11 on a scale of 1= consistently helpful; 3= not helpful at all). (Commitment to ongoing regulatory excellence, 2004).

Models of Approval/Accreditation by Boards of Nursing

Considering the work to date on approval/accreditation of nursing programs by boards of nursing, the Practice, Regulation and Education (PR&E) Committee identified the following as the models of approval/accreditation that currently exist. While they differ slightly from the Models that were developed in 1998, they are still very similar.

I. **Boards of nursing are independent of the national nursing accreditors**. These boards of nursing approve/accredit nursing programs separately and distinctly from the national nursing accrediting bodies. Initial approval processes are conducted before accreditation takes place.

II. **Collaboration of boards of nursing and national nursing accreditors**. Boards of nursing 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 board of nursing, independent of decisions by the national nursing accreditors. Initial approval processes are conducted before accreditation takes place.

III. **Deem national nursing accreditation as meeting state approvals.** Boards of nursing deem CCNE or NLN-AC accreditation as meeting state approvals, though they continue to approve/accredit those schools that don't voluntarily get accredited. The board of nursing is available for assistance with statewide issues (i.e. the nursing shortage in that state); boards retain the ability to make emergency visits to schools of nursing, if requested to do so by a party reporting serious problems; and the board of nursing has the authority to close a school of nursing, either on the advice of the 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.

III a. **Deem accreditation as meeting approvals, with further documentation.** Similar to III, these boards deem CCNE or NLN-AC accreditation as meeting state approvals, but they

may require more documentation, such as complaints, NCLEX results, excessive student attrition, excessive faculty turnover, lack of clinical sites.

IV. **Boards of nursing require national nursing accreditation.** Boards require their nursing programs to become accredited by CCNE or NLN-AC, and then they will use Model III. or III a.to approve them. Initial approval processes are conducted before accreditation takes place.

V. **Boards of nursing are not involved with the approval system at all**. In this model the board of nursing is not given the authority to approve nursing programs. This is usually done by another state authority.

As boards of nursing move more toward sharing the data with the national nursing accreditors, or deeming CCNE or NLN-AC accreditation as meeting state approval requirements, they need to be able to identify the advantages and disadvantages of these systems.

An advantage of systems that are independent of the national nursing accreditors is that the boards of nursing have more control in their processes of approval/accreditation. They can dictate what data should be collected and what reports should be written, without having to abide by, or work with, the national accreditors' format. Likewise, the scheduling of visits is easier, as they don't have to consider the schedules of the peer reviewers. Besides having more control in the approval/accreditation process, the independence provides for checks and balances in the approval/accreditation of nursing programs.

A disadvantage of the boards' approval/accreditation processes that are conducted independently is that it may take more work and time for the boards to complete the surveys of the schools since they won't be collaborating with the accrediting body. This, of course, may mean that these surveys are more expensive, both for the boards and for the nursing programs. Similarly, some nursing programs have complained that independent surveys are burdensome, and may be redundant. The boards of nursing that independently survey nursing programs don't have the benefit of collaborating with the panel of experts from the national nursing accreditors. This collaboration can assist in clarification and validation of findings.

An Advantage of the boards of nursing sharing data with the national nursing accreditors, or deeming CCNE or NLN-AC accreditation as meeting state approval requirements, is that it saves them time and money, since there is cooperation between the two agencies to collect the data. Similarly, it saves the nursing programs time and money in preparation, and may avoid redundancies for them. Further, when the boards of nursing collaborate with the accrediting agencies, they have the benefit of input by a panel of nursing experts in making their decisions.

A disadvantage for boards of nursing that share data with the national nursing accreditors or who deem CCNE or NLN-AC accreditation as meeting state approval is that, depending on the boards' processes, there may be limited checks and balances on the national nursing accreditors' decisions. Yet, since most boards retain a right to make emergency visits when there are complaints and the authority to close nursing programs based on those complaints, this should not be a disadvantage that adversely affects public safety. Another disadvantage is that planning

the visits can sometimes be complicated because of the schedules of people in the school of nursing, the board of nursing, and the national accrediting nursing agency. The boards of nursing may lose control over what data is collected, especially when they deem national accreditation as meeting state approval.

Future of Approval/Accreditation by Boards of Nursing

Nursing is continually changing. There are new roles being promoted, such as the Clinical Nurse Leader (access at: http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm) and the Practice Doctorate (accessed at: http://www.aacn.nche.edu/Education/ExecutiveSummary.pdf), and researchers are studying the best ways to teach nursing students. These will have to be considered in future approval systems. It is recommended that approval processes include the 5 competencies that were developed by the Institute of Medicine, in their April 8, 2003, report, entitled, "Health Professions Education: A Bridge to Quality. These competencies are:

- Delivering patient-centered care
- Working as part of interdisciplinary teams
- Practicing evidence-based health care
- Focusing on quality improvement
- Using information technology

Because nursing programs are more creatively using their faculty, the approval/accreditation systems in boards of nursing may need to have specific qualifications for adjunct faculty, part-time faculty, or preceptors. The boards, however, might encourage a greater use of interdisciplinary people to teach nursing students in order to enhance interdisciplinary practice. Informatics and the management of knowledge are increasingly impacting nursing so that boards of nursing will have to be informed of these changes and innovations in order to adequately evaluate nursing programs. There is a movement in regulation to approve APRN programs, and boards of nursing will need to carefully consider this in the future. Initial approval of APRN programs at least may be considered, with the APRN programs then meeting acceptable national standards. Boards of nursing are moving toward more collaboration with the national nursing accreditators for approving/accrediting programs, and some boards of nursing are beginning to require accreditation. This may continue to be a movement in the future. Likewise, in the future we may see international collaboration with approval processes, and this will enable us to have cross border agreements and more equivalence of standards worldwide.

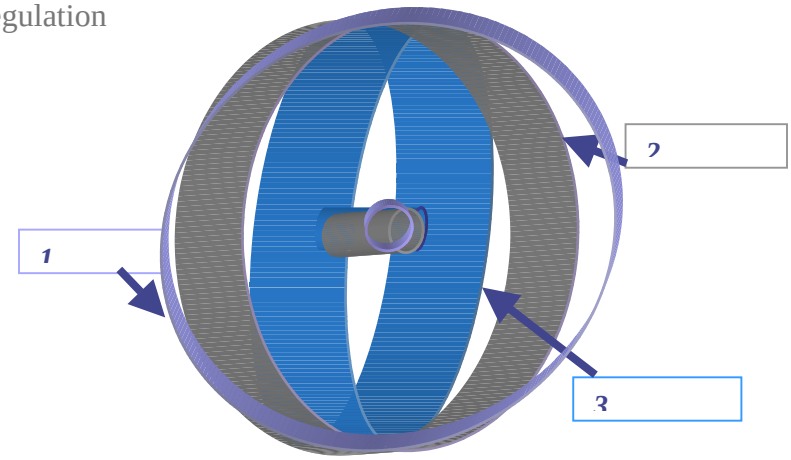
Conclusion

Approval systems have been present in the U.S., and worldwide, for over 100 years. It is becoming important for nurses to be more international in scope, and a review of the international philosophy of program approval/accreditation showed that it is very similar to that in the U.S. Stakeholders in the U.S. still see the approval process as necessary. For example, even nurse educators continue to report that program approval is essential for public protection (1.23, with 1 = very essential, and 3 = not essential). Boards of nursing are moving towards collaboration with the national nursing accreditors for approval/accreditation. While in the mid-90s, a clear majority of the boards of nursing had separate or distinct models (Model A. in Box

1.) for approving nursing schools, current data show that a majority of the boards of nursing share data and visits with the national nursing accreditors. Another trend may be for the boards of nursing in the future to require national nursing accreditation. There may be international collaboration with approval systems in future as well. Approval/accreditation processes in the future may address the IOM competencies.

Appendix A.

1. Practice
2. Education
3. Regulation



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