

Delegate Assembly

**Eighth Annual
Convention**

Book

**August 5-9
1986**

of

**Williamsburg Lodge
Williamsburg, Virginia**

Reports

The National Council's Public Relations
Committee is responsible for planning
the Convention.

Renatta Loquist, Chairperson

Jean Caron

Ruth Elliott

Elizabeth Kinney

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**NATIONAL
COUNCIL**

**National Council
of State Boards of Nursing, Inc.**

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1986 Convention Schedule

Tuesday, August 5

Noon - 5:00 p.m. [East Gallery]	Registration
1:00 - 2:00 p.m. [Room DE]	Orientation to the National Council Presentation by Board Members and the Parliamentarian on the purpose and function of the National Council, including the role of delegates.
2:00 - 3:00 p.m. [Tidewater Room]	Forum — Entry Into Practice A presentation made by the EIP Task Force.
3:00 - 3:15 p.m.	Break
3:15 - 4:30 p.m. [Tidewater Room]	Forum — Report on a Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses A final project report given by Michael Kane, Ph.D., Senior Research Scientist, Research Division, American College Testing Program.
4:30 p.m.	Group Rap Sessions An opportunity for staff, volunteers, and executive directors to meet in homogeneous groups for a moderated discussion. Executive Directors — Tidewater Room Board Members — Room DE Board Staff — North Ballroom
7:00 - 8:00 p.m. [West Terrace/Room DEF]	CTB/McGraw-Hill Reception An opportunity to meet informally with the test service staff.

Wednesday, August 6

7:30 - 8:30 a.m. [East Gallery]	Registration
7:30 - 8:30 a.m. [Room A]	Area III Meal with the Board An informal sharing of Area concerns with the members of the Board of Directors.
8:30 - 9:00 a.m. [Tidewater Room]	Keynote Address “Legal and Professional Responsibilities in the Regulation of Nursing Practice”; Barbara Nichols, M.S., R.N., Secretary, State of Wisconsin Department of Regulation and Licensure.

9:00 - 12:00 noon [Tidewater Room]	First Session — Delegate Assembly Business Agenda set by the Board of Directors.
12:00 - 1:30 p.m.	Lunch Break
12:15 - 1:15 p.m. [Room A]	Area I Meal with the Board
1:30 - 2:30 p.m. [Tidewater Room]	Forum — The Long Range Plan A presentation by the Long Range Planning Committee.
2:30 - 2:45 p.m.	Break
2:45 - 3:45 p.m. [Tidewater Room]	Forum — Legal versus Professional Regulation of Nursing An examination of each point of view by representative speakers: Jack Atkinson, J.D., attorney with Hill, Van Santen, Steadman and Simpson representing the Federation of Associations of Regulatory Boards; and Dr. Lucille Joel, Professor and Director of Clinical Affairs, Rutgers University.
3:45 - 4:00 p.m.	Break
4:00 - 5:30 p.m. [Tidewater Room]	Debate — Regulatory versus Professional Approaches to Continued Competency This debate between Pam Cipriano, M.N., LDS Hospital, Salt Lake City, past chairperson of the ANA Cabinet on Nursing Practice and Toni Massaro, J.D., Professor, University of Florida Law School, will be moderated by parliamentarian Ardith Inman. Initially, questions will be asked by the candidates for President of the National Council.
6:30 - 8:30 p.m. [West Terrace/Room DEF]	Reception — Introduction to the Candidates A social event with hors d'oeuvres and cash bar.

Thursday, August 7

7:30 - 8:30 a.m. [East Gallery]	Registration
7:30 - 8:30 a.m. [Room B]	Area II Meal with the Board
8:45 - 10:45 a.m. [Tidewater Room]	Second Session — Delegate Assembly Business agenda set by the Board of Directors.

10:45 - 11:00 a.m.	Break
10:45 - 11:45 a.m. [Room F]	Election of Officers
11:45 - 1:15 p.m.	Area Meetings Agendas set by Area Directors Area I – Room B Area II – Room C Area III – Room DE Area IV – North Ballroom
1:00 - 2:00 p.m.	Lunch Break
2:00 - 3:00 p.m. [Tidewater Room]	Exhibits Exhibits will be manned for viewing and discussion.
Friday, August 8	
7:30 - 8:30 a.m. [East Gallery]	Registration
8:30 - 9:45 a.m. [Tidewater Room]	Issues Forum An opportunity for attendees to discuss any issue of importance to the National Council.
9:45 - 10:00 a.m.	Break
10:00 - 12:00 noon [Tidewater Room]	Third Session — Delegate Assembly
12:00 - 1:30 p.m.	Lunch Break
12:15 - 1:15 p.m. [Virginia Room]	Area IV Meal with the Board
1:30 - 2:30 p.m.	Special Interest Group Meetings
[Auditorium]	Topic A – Disciplinary Issues: Defining Unprofessional Conduct. Marie Snyder, J.D., R.N., M.S., Boston, MA.
[North Ballroom]	Topic B – Entry Into Practice: Impact on Regulatory Board Functions. Arthur Lerner, J.D., Washington, DC.
2:30 - 2:45 p.m.	Break

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2:45 - 3:45 p.m. [Auditorium]	Special Interest Group Meetings Topic C – Voluntary versus Legislative Approaches to the Impaired Nurse. Madeline Naegle, Ph.D., R.N., New York, NY. Ann Cantanzarite, B.S.N., R.N., Jacksonville, FL.
[North Ballroom]	Topic D – Computers in Testing. Barbara Andrew, Ph.D., Philadelphia, PA Donald Melnick, M.D., Philadelphia, PA Jennifer Bosma, Ph.D., Chicago, IL
3:45 - 4:00 p.m.	Break
4:00 - 5:00 p.m. [Tidewater Room]	Forum – Nursing Practice and Standards A presentation given by the Nursing Practice and Standards Committee.
6:00 - 7:00 p.m. [North Gallery]	Cocktails before the Banquet
7:00 - 9:30 p.m. [Virginia Room]	Awards Banquet (semi-formal)

Saturday, August 9

8:00 - 9:00 a.m. [East Gallery]	Registration
9:00 - 12:00 noon [Tidewater Room]	Fourth Session – Delegate Assembly
12:00 noon	Adjournment

Business Agenda of the 1986 Delegate Assembly

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- I. Call to Order
- II. Report of Registration Committee
- III. Report of Rules Committee
- IV. Adoption of Agenda
- V. Announcement of Appointments
 - Election Committee
 - Registration Committee
 - Committee to Approve Minutes
 - Timekeepers
 - Pages
- VI. Appointment of Committee to Approve Minutes –
1986 Annual Delegate Assembly Convention
- VII. Report of Committee to Approve Minutes
1985 Annual Delegate Assembly Convention
- VIII. Special Order of Business Regarding Proposed Bylaws Amendment to Article V, Section 2
- IX. Nominations
 - Report of Nominating Committee
 - Nominations from Floor for Officers
 - Nominations for 1986-1987 Nominating Committee
- X. Reports of Officers
 - President
 - Vice President
 - Secretary
 - Treasurer – with audit
 - Area Directors
 - Director-at-Large
- XI. Report of Board of Directors
 - Budget FY 1987
 - Test Service
 - Data Center
 - Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level
 - Performance of Registered Nurses
 - Disciplinary Task Force
 - Long Range Planning Committee
 - Test Service Evaluation
- XII. Report of Executive Director
- XIII. Reports of Standing Committees
 - Finance Committee
 - Bylaws Committee
 - Examination Committee
 - Administration of Examination Committee
 - Nursing Practice and Standards Committee
- XIV. Report of the Entry Into Practice Report Committee
- XV. Election of Officers and Committee on Nominations
(Thursday, August 7, 10:45 - 11:45 a.m.)
- XVI. Report of Election Committee
- XVII. New Business
- XVIII. Report of Resolutions Committee
- XIX. Adjournment

Rules for Conduct of Delegate Assembly

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General Procedures

1. All meetings will be called to order on time. Delegates are requested to be in their seats five minutes before the opening of each meeting.
2. Badges will be provided for delegates and alternates upon registering and must be worn at all meetings.
3. No delegate, alternate, or other person in attendance shall be entitled to the floor unless he/she rises, addresses the Chair, and gives name and jurisdiction.
4. A time keeper will signal when allotted time has expired.
5. The order of business may be changed by a majority vote.
6. Smoking shall not be permitted in meeting rooms.

Elections

1. Election for officers and members of the Nominating Committee shall be held Thursday, August 7, 1986, at 10:45 a.m.
2. If nominations are made from the floor, there shall be no seconding speeches.

Motions

All main motions and amendments shall be written, signed by the maker, and presented to the Chair immediately after proposal.

Debate

1. No delegate shall speak more than three minutes to a motion without consent of the Delegate Assembly, granted by a majority vote.
2. No delegate shall speak more than once to the same question until all who wish to speak have done so.
3. A non-delegate may speak once to an issue for three minutes after all interested delegates have spoken. Such non-delegate may speak again, only at the Chair's invitation.

Committee

Dorothy Davy, Chair, Oregon, Area I
Jean Caron, Maine, Area IV

Special Order of Business from the National Council Board of Directors

On the recommendation of the Committee on Nominations, the Board of Directors of the National Council voted at a May 14 Conference Call, to introduce as a Special Order of Business the consideration of Article V, Section 2. Qualifications, the deletion of the following phrase:

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“No more than three officers shall be from the same area.”

This proposed Bylaws amendment is being considered at this time in an effort to expedite the nominations and election processes of the National Council.

Report of the Nominating Committee

Recommendation:

The Nominating Committee recommends that the Delegate Assembly consider and vote on the proposal by the Bylaws Committee to delete the Article V, Section 2 provision "no more than three officers shall be from the same area," **prior** to the election of officers.

Committee Membership

The Nominating Committee membership remained as elected at the August 1985 Delegate Assembly. The Committee met twice, in Chicago on March 31, 1986, and by telephone conference call on May 5, 1986. The names of the members and their areas of representation are:

- Area I Gail M. McGill (unable to attend March 31 meeting due to volcanic activity preventing flights out of Anchorage)
- Area II Judy Otto
- Area III Lula Finley
- Area IV Kathleen Sabatier, Chairperson

Committee Meetings

At the March 31 meeting in Chicago, the Committee reviewed the sections of the Bylaws and Standing Rules of the National Council concerning the Nominating Committee and the process of nomination. The Committee decided that individuals nominated at the Delegate Assembly must submit a completed Candidate Information and Consent to Serve form. Forms can be obtained prior to the Delegate Assembly from National Council headquarters or at the Delegate Assembly from the Nominating Committee Chairperson.

The Committee Chairperson had requested all Member Boards to submit names of qualified individuals to serve as officers of the National Council of State Boards of Nursing by March 3, 1986. The Committee received nominations or endorsements of 26 candidates from 27 jurisdictions. The 26 nominees represented each area of the National Council as follows:

- Area III 6
- Area II 8
- Area III 7
- Area IV 5

Nominations or endorsements received by the time of the March 31 meeting were considered by the Committee. In the process of assembling a slate of nominees for two-year terms to the offices of President, Vice President, Director-at-Large, Area II Director, and Area IV Director, vacancies were created in the offices of Treasurer and Area III Director. The Committee requested nominees for one-year terms to these offices, with the stipulation that nominees for Treasurer must be from Area IV. The deadline for the nominations was April 30, 1986.

An opinion was sought from the National Council parliamentarian regarding the proper procedure for assuring compliance with the Bylaws provision that no more than three officers of the Board of Directors may be from any one area. The parliamentarian rendered an opinion which confirmed the Nominating Committee's procedure for assembling the slate by which no more than three persons from any one area could possibly be elected to the Board under any possible combination of nominees.

At its May 5 meeting the Committee considered nominations submitted for the offices of Treasurer and Area III Director. Nine nominations/endorsements submitted by eleven different jurisdictions were reviewed. The parliamentarian's opinion was also reviewed by the Committee. The Committee developed and unanimously adopted the ballot which appears at the end of this report. Nominees selected by the Committee were notified and requested to reaffirm both their willingness to serve and the absence of any potential conflict of interest associated with their serving on the Board of Directors. All nominees responded in the affirmative.

Motion:

That the Delegate Assembly consider and vote on the proposal by the Bylaws Committee to delete the Article V, Section 2 provision "No more than three officers shall be from the same area," **prior** to the election of officers.

Ballot

The following ballot was developed and unanimously adopted by the Nominating Committee on May 5, 1986. The information about each candidate is organized as follows under the position the candidate is seeking.

1. Name, Jurisdiction, Area
2. Present Board Position
3. Present Employment
4. National Council Offices or Committees
5. Educational Preparation
6. Statement of Interest

President

1. **Elliott, Ruth**, Oklahoma, Area III
2. Board staff, Education Consultant, 1985 to present
3. Education Consultant, Oklahoma Board of Nursing, September 1985 to present
4. Area III Director, 1984 to present
 - Public Relations Committee, 1985 to present
 - Chair, Long Range Planning Committee, 1984 to present
 - Steering Committee on Analysis of Membership Needs, 1985
 - Chair, Nominating Committee, 1982 to 1983
 - Nursing Practice and Standards Committee, 1979 to 1983
5. Vanderbilt University, Higher Education, EdD, 1985
 - Northern Illinois University, Nursing, MSN, 1977
 - Northern Illinois University, Nursing, BSN, 1973

6. I will effectively lead the National Council of State Boards of Nursing as its President. I believe that leadership includes:

- presenting the National Council to its various publics in national forums and the media
- advocating principles of economy and efficiency
- evaluating scope and effectiveness of services.

I believe that continued analysis of Member Board needs and the initiation of programs to achieve agreed-upon objectives are the major focal points of the next two years. I believe there are significant challenges in nursing, economics, licensure examinations, and the regulation of practice. To cope with these challenges the National Council must analyze data, communicate with members and the health care community, and continually evaluate current and future needs of its members. I believe that my educational background and experience with two state boards of nursing, my service on the Board of Directors and committees of the National Council, and my proven public speaking ability qualify me for the presidency.

1. **Wilson, Nancy R.**, West Virginia-PN, Area III
2. Board staff, Executive Secretary, 1975 to present
3. Executive Secretary, West Virginia State Board of Examiners for Practical Nurses, May 1975 to present
4. Treasurer, 1983 to present
Chair, Finance Committee, 1983 to present
Coordinating Committee, 1983 to present
Chair, Score Report Committee, 1982 to 1983
Examination Committee, 1978 to 1982
5. West Virginia College of Graduate Studies, 45 hours toward MBA in Business, completion 1987
Alderson-Broadus College, Nursing, BSN, 1967
6. The National Council of State Boards of Nursing, Inc. can take pride in its successes. Facing us, however, is a crossroad in development. The time has come to critically evaluate programs, services and activities, to insure organizational integrity through planned growth. Unity and involvement of the membership will be vital to this evaluation. Three years on the Board of Directors as Treasurer, and Chairperson of the Finance Committee, and as a member of the Coordinating Committee, have provided a comprehensive understanding of the Council. This experience will be invaluable in meeting the challenges presented in the next two years. My commitment to the Council, its purposes, and its future, is sincere. You will have my best effort if elected President.

Vice President

1. **Bouchard, Joan C.**, Wyoming, Area I
2. Board staff, Executive Director, 1982 to present
3. Executive Director, Wyoming State Board of Nursing, 1982 to present
4. Examination Committee, 1983 to present
Nominating Committee, 1981-1983
5. University of Washington, Nursing, MN, 1966
University of Oregon, Nursing, BSN, 1964

6. The NCSBN has had a remarkable history of achievement in the short time that it has been in existence. This is due to the leadership and creativity of the people who have served the Council. Looking to the future, I believe the primary priorities of the Council should be:

- the continued development of licensure examinations
- the implementation of a long term plan which would ensure financial stability, allow for anticipatory decision making and provide specific direction for Council programs.

My experience as a member of the Examination Committee and six years with a board of nursing will enable me to understand the complex issues before the Board. I would welcome the opportunity to serve the Council and its constituents.

1. **Sanders, Louise**, Texas-RN, Area III
2. Board staff, Educational Secretary/Deputy Director, 1981 to present
3. Educational Secretary/Deputy Director, Board of Nurse Examiners, September 1981 to present
4. Examination, Committee, 1979 to 1985, Chair
5. University of Texas at Austin, Education, PhD, 1979
Texas Woman's University, Nursing, MS, 1970
Texas Christian University, Nursing, BS, 1964
Angelo State University, Nursing, AA, 1951
Shannon School of Nursing, Nursing, Diploma, 1951
6. I am honored to be considered for nomination as Vice President of NCSBN. I am vitally interested in the work of the Council and want to contribute to the attainment of its goals and objectives. I believe that my work experience and prior involvement with the Exam Committee has assisted me in developing the knowledge and skills needed to function effectively as an officer of the Council. There should be a continuing emphasis on maintaining a quality examination program and on services to Member Boards. In addition, the Council should strive to establish collaborative interactions with other relevant organizations.

Treasurer

1. **Dorsey, Donna M.**, Maryland, Area IV
2. Board staff, Executive Director, 1981 to present
3. Executive Director, Maryland Board of Examiners of Nurses, November 1981 to present
4. Bylaws Committee, 1984 to present
Executive Director Conference Group Facilitator, 1984 to present
5. University of Maryland School of Nursing, Administration/Community Health, MS, 1975
East Carolina University, Nursing, BSN, 1967
6. The National Council of State Boards of Nursing must continue to support Member Boards in meeting the challenges created by the changes in nursing and health care. My five years of association with the Council have provided the opportunity to become knowledgeable about these issues. With the long-range planning process in place, the Treasurer must assume a leadership role in fiscal planning and monitoring to assure that resources are available to achieve the goals of the Council. I believe my experience as Treasurer of several state-wide organizations and budget administrator for the Maryland Board, provides me with the skills to assist the Council in meeting its objectives.

1. **Peterson, Barbara**, Delaware, Area IV
2. Board member, RN Representative, President, 1974 to present
3. Director, Beebe Hospital School of Nursing, 1970 to present
4. Finance Committee, 1983 to 1985
Test Planning and Review Committee, 1985 to present
5. Temple University, Education Administration, DEd Candidate, Present
University of Delaware, Nursing, MSN, 1970
Wheaton College, Nursing-Science, BS
West Suburban Hospital, Nursing, Diploma
6. It is with a desire to serve, an association with the National Council since its inception as a free-standing organization, and a belief in its mission statement and goals that I am willing to be considered as a nominee for treasurer of this organization. Opportunity has been afforded me in the past to serve on numerous financial committees, including that of the National Council, plus auditing various groups and handling successful business dealings of a branch of a large corporation. Working to promote and to ensure high standards in both nursing practice and nursing education is my professional objective. Being practical and innovative, yet futuristic in my approach to situations has led to any success we might have had in past and present leadership or team positions. Listening and responding to those we serve is of vital importance for any organization in meeting the needs of its members.

Director-at-Large

1. **Howard, Margaret C.**, New Jersey, Area IV
 2. Board staff, Field Representative, 1981 to present
 3. Field Representative, New Jersey Board of Nursing, 1981 to present
 4. None
 5. Seton Hall University, Nursing, MSN, 1979
Seton Hall University, Nursing, BSN, 1968
All Souls Hospital School of Nursing, Nursing, Diploma, 1960
 6. I strongly support the purpose and goals of the National Council of State Boards of Nursing. I believe that through the achievement of its stated objectives the National Council has made a significant impact on nursing education and nursing practice. It is for this reason that I would like to serve as Director-at-Large. I believe one of the issues the National Council should consider is the development of a BSN certifying exam.
1. **Robideau, Karen**, North Dakota, Area II
 2. Board Member, LPN Representative, 1985 to present
Term expires June 1988; eligible for reappointment
 3. LPN, Dakota Hospital, 1970 to present
 4. None
 5. North Dakota State School of Science, LPN certificate, 1969
Interstate Business College, Medical Secretary, 1967
 6. I have been a licensed practical nurse for 17 years and have been active in hospital-related committees for nursing practice and procedures. I am interested in becoming the Director-at-Large because I believe I can represent the position of the licensed practical nurse board member for all jurisdictions through my skills and abilities to work with diverse groups and reach common understandings. I have

participated in the activities of the North Dakota Board of Nursing in the promulgation of administrative rules for nursing education and believe that this is an area of high priority for nursing today.

Area II Director

1. **Rolls, Leota**, Nebraska, Area II
2. Board member, RN Diploma Education Representative, 1980 to present
Term expires December 1988; not eligible for reappointment
3. Assistant Administrator, Mary Lanning Memorial Hospital, 1980 to present
4. Finance Committee, 1983 to present
5. University of North Carolina at Chapel Hill, Nursing, MSN, 1969
Hastings College, Psychology, BA, 1965
Mary Lanning School of Nursing, Nursing, DP, 1963
6. I am pleased to have my name submitted to the Nominating Committee to be considered for nomination as Area II Director. I see a definite need for involvement of members of individual state boards of nursing in the activities of the National Council in order for the Council to accomplish its objectives. Having served on the Finance Committee of the National Council since 1983, I have acquired an understanding of some of the issues facing the Council and would be honored to participate in the deliberations on these issues.

1. **Sojka, Karen Moser**, Iowa, Area II
2. Board member, RN representative for community college nursing education, Chairperson, 1982 to present
Term expires May 1988; eligible for reappointment
3. Director of Health Occupations, Physical Education and Recreation, Iowa Western Community College, 1970 to present
4. None
5. University of Iowa, Nursing, MA, 1969
University of Iowa, Nursing, BSN, 1962
6. As a leader I tend to stress efficiency and productivity through teamwork which could enhance the Council's ability to achieve its identified goals and objectives. The Council needs to monitor entry level changes and assist Member Boards in developing uniform regulations to assure continuation of reciprocity. The present health care system continues to present new challenges to state boards of nursing. As an educator and a board member, I would like to assist the Council to continue to provide effective services for the public health, safety and welfare. It would be an honor to serve the Council and its constituents as Area II Director.

Area III Director

1. **Brown, Sandra J.**, Arkansas, Area III
2. Board member, RN representative for baccalaureate or higher education, Secretary, 1984 to present
Term expires December 1988; not eligible for reappointment
3. Instructor, Baptist System School of Nursing, 1979 to present
4. Diagnostic Assessment Committee, 1985 to present

5. Northwestern State University, Nursing, MSN candidate, 1986
Northwestern State University, Nursing, BSN, 1976
Baton Rouge Vocational School, Coronary Care Certificate, 1977
6. In August, 1985, I attended my first Delegate Assembly meeting. Since that date, I have been interested in taking an active role in the National Council. I am a member of the Diagnostic Assessment Committee. Also I am secretary of the Arkansas State Board of Nursing. My experience as a nurse educator and my active involvement with professional organizations enhance my ability to serve on the Board of Directors. I feel the following issues are important and should be considered:
 1. The license examination in all aspects
 2. The role of state boards of nursing in approval of nursing education
 3. The development of a model for disciplinary hearings
 Lastly, if elected Area III Director, I will serve the National Council and support it to the best of my ability.

1. **Calico, Patricia**, Kentucky, Area III
2. Board member, RN representative, 1981 to present
Term expires 1989; not eligible for reappointment
3. Assistant Professor, Thomas More College, 1979 to 1985
4. Delegate, 1983
Alternate Delegate, 1986
5. Indiana University, Nursing Administration, DNS, to be awarded June 1986
Wright State University, Counseling, MA, 1979
Boston University, Rehabilitation, CAGC, 1970
University of Maryland, Nursing, MS, 1968
University of Kentucky, Nursing, BSN, 1965
6. As a dynamic organization, the National Council of State Boards of Nursing faces complex challenges as delineated in the Council's long range goals. Board members, as well as Board staff, must participate to enhance goal achievement and organizational cohesiveness. If elected as Area III Director, I would be particularly astute to member needs and would attend to need resolution through appropriate Council channels. I strongly support research based documentation of Council decisions and dissemination of research findings to enhance Member Board activities and to promote a positive image of the Council.

1. **Loquist, Renatta**, South Carolina, Area III
2. Board staff, Executive Director, 1983 to present
3. Executive Director, State Board of Nursing for South Carolina, 1983 to present
4. Director-at-Large, August 1984 to present
Examination Committee, 1979 to 1981 and 1982 to 1983
Item Writer Consultant, 1981 to 1982
5. University of South Carolina, Nursing Administration, MN, 1982
University of South Carolina, Nursing, BSN, 1967
6. It is indeed an honor to have my name placed in nomination for Area III Director. My first two years on the Board of Directors have been ones of orientation to the full scope of functions of the Council. I have participated in planning sessions to establish the Council's long-range goals and objectives and believe the next several years to be critical ones in determining the direction the Council will take. I believe the issues the Council should address as top priority are continuing to develop licensure examinations responsive to the changing nursing practice environ-

ment, exploration of a computerized testing program and strengthened communications with Member Boards. The Council also has a responsibility to monitor national trends and be prepared to assist Member Boards with entry-into-practice issues. I appreciate the opportunity to continue assisting our organization to move forward with these priorities.

Area IV Director

1. **Caron, Jean C.**, Maine, Area IV
 2. Board staff, Executive Director, 1982 to present
 3. Executive Director, Maine State Board of Nursing, 1982 to present
 4. Area IV Director, 1985 to present
 - Area IV Ad Hoc Committee—PN Equivalency, 1984 to 1985
 - Disciplinary Task Force, 1984 to 1985
 - Area IV Ad Hoc Committee—Unlicensed Personnel, 1982 to 1983
 - Nominations Committee, 1982 to 1984
 - Examinations Committee, 1979 to 1982
 5. Boston University, Nursing, MS, 1973
Boston College, Nursing, BS, 1962
Mercy Hospital School of Nursing, Nursing, Diploma, 1953
 6. In serving as Area IV Director during the past year, I have made every attempt to be responsive to the suggestions and expressed needs of the Area IV Member Boards. The knowledge and experience I have gained as a member of the Board of Directors have been invaluable in terms of my future ability to contribute toward meeting the goals and objectives of the Delegate Assembly. It is my belief that the most critical challenge facing the Council today stems from the potential impact of the entry into practice proposal on the examination process and on the financial stability of the Council itself. Thank you for allowing me to serve you this past year.
1. **Macintyre, Nancy J.**, New York, Area IV
 2. Board member, RN representative, 1980 to present
Term expires June 1990; not eligible for reappointment
 3. Self-employed Consultant, 1982 to present
 4. None
 5. Albany Medical College, Primary Care Nursing, Certificate, 1972
Teachers College, Columbia University, Nursing, MA, 1956
 6. I am interested in serving as an Area IV Director to work with individuals, committees and the NCSBN by applying time, energy and experience to assist in accomplishing their mission for the profession and the public. As a Board for Nursing member for six years I have participated in over 300 discipline proceedings involving questions of nursing competence as well as rehabilitation for impaired nurses. I believe the public would be better served if national standards of discipline were studied with the goal of greater consistency between states. Numerous other issues demand NCSBN's attention, i.e., entry to practice, advanced nursing practice, and maintenance of competence. Through exploration and compromise and utilizing the committee process, I believe that significant progress is possible.

Report of the President

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It is a pleasure to welcome two new members of the National Council of State Boards of Nursing, Inc. They are the Northern Mariana Islands Board of Nurse Examiners and the California Board of Vocational Nurse and Psychiatric Technician Examiners. The National Council has also been informed that the District of Columbia Registered Nurses' Examining Board and Practical Nurses' Examining Board will combine into one board effective October 1986. To these members and to all members of the National Council, greetings and best wishes are extended on behalf of the Board of Directors.

Nearing the end of its eighth year of operation as a freestanding organization, the National Council has, in this very short period of time, gained recognition for its unique role and contributions and has taken its rightful place as a national organization. The events and activities summarized in this Book of Reports illustrate the capability and resourcefulness that this dynamic organization possesses. These organizational characteristics are signal to the continuing success of the National Council as it proactively plans for future directions in an environment of everyday challenges that are increasingly complex. It has been my honor to be a part of this organization since its beginning, as its short history documents responsiveness, action, and growth. The current year is no exception to this tradition.

The 1985 Delegate Assembly adopted goals and objectives presented by the Long Range Planning Committee, and during the intervening year the committee has worked to delineate strategies for implementing those objectives. Inherent in the suggested strategies is a thrust and direction for investigating new markets and services into which the National Council may need to venture if the organization is to fully realize its mission and insure its viability.

At the same time, the Finance Committee developed guidelines for financial planning and acted to implement sound financial policies and procedures that augmented fiscal planning. In the face of declining candidate numbers, the Board of Directors spent considerable time in reviewing and analyzing financial information provided by the Finance Committee and staff, which included projections extending through fiscal year 1991. Such efforts to provide for fiscal soundness of the organization are certainly critical to the future of the National Council.

The combined efforts of the Board of Directors, the Long Range Planning Committee, and the Finance Committee members were enhanced by a workshop on planning and budget held mid-year. This workshop, attended by all members of the three groups, served as a catalyst for the merging of ideas and realities necessary for organizational planning. The members of this working group are to be commended for their diligence in planning.

All who participated in establishing priorities for the objectives approved by the 1985 Delegate Assembly ranked highest the provision of legally and psychometrically sound licensing examinations. This ranking corresponds with the Analysis of Membership Needs performed by the Touche Ross and Company in 1984 and 1985. Thus, our efforts must continue to be expanded to accomplish this priority.

No doubt one of the most significant pieces of work now in process with regard to the examinations is that of computer-based testing. A proposal for funding a feasibility study to evaluate conversion of the National Council Licensing Examinations (NCLEX) to a computer adaptive testing mode was completed by National Council staff working in conjunction with CTB/McGraw-Hill and a number of consultants. The Board of Directors approved the proposal for submission to a funding organization and, at the writing of this report, discussions with funding sources are continuing. A favorable progress report on this effort is anticipated by the time of the August Delegate Assembly meetings.

In addition, research on the licensing examination has continued during the past year. Reports detailing the progress of the "Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses" were presented to the Board of Directors at each meeting. The American College Testing (ACT) Program is nearing completion of this major research project, and the final report (targeted for June 1986) is expected to include a description of nursing practice and data and direction for maintaining and insuring the validity of the licensing examinations.

Reinforcing the concept that the National Council must be a "member-driven" organization, the Board of Directors and staff relied heavily on the 1985 Analysis of Membership Needs report in evaluating and planning programs and services. The need, feasibility, benefit, and cost for a legal information system were studied and work was begun on several projects including electronic communications and a national nurse licensee data base. Additional information on these projects was requested from Member Boards who responded by completing questionnaires and submitting data needed for analysis. Despite its merits, implementation of a legal information system was not feasible due to estimated costs and unresolved legal questions. A Nurse Licensee Data Base Committee, composed of Area representatives with data system experience, was appointed to explore operational issues and to recommend strategies for future potential implementation of a national nurse licensee data base system. Again, as specific information is needed, Member Boards will be contacted. Such continuing input is basic to wise planning, and in the coming year deliberate steps must be taken to apply resources to the evaluation of existing programs and services as well as to projected programs and services.

Included in the myriad involvements of the year were numerous individuals and groups within the National Council who participated in meetings and provided information for shaping public policy for the betterment of the public served by the Member Boards. This was accomplished in relationships with national organizations for nursing and health, through representation to various groups, and by invitation of federal governmental groups and other organizations. Two executive liaison groups consisting of organizational presidents and executive directors continued to foster and strengthen communications and cooperative efforts among the respective parties. The National Council joined with the National Federation of Licensed Practical Nurses and the National Association of Practical Nurse Education and Services in one group and the American Nurses' Association and the National League for Nursing in another. These liaison groups have now assumed the functions previously assigned to liaison committee structures.

This report would be remiss were it not to recognize the talent and productivity of the staff, the standing and ad hoc committees, testing and data center services, and representatives of the National Council. The National Council is indeed an organization enriched with commitment and dedication as reflected in the voluntary and expert services provided by and for members.

It is with eagerness and enthusiasm that I look forward to being with you at the Eighth Annual Convention and Delegate Assembly meetings, especially as it will be my privilege to announce the recipient of the Dr. R. Louise McManus Award. Along with this event, the program promises to offer varied and relevant topics for presentation and discussion. It is my hope that all of us will experience opportunities for growth and find time for relaxation and enjoyment in the beautiful surroundings of Williamsburg, Virginia.

The Book of Reports clearly attests to the accomplishment of our mission and goals. I congratulate and thank the National Council Member Boards, Board of Directors, staff, committees, groups, and the many individuals involved in the work of the organization for your deliberations and achievements this past year. Your support and assistance so generously given are appreciated, and I am confident that the Eighth Annual Convention and Delegate Assembly meetings will be successful.

Respectfully submitted by

Sharon M. Weisenbeck, MS, RN, Kentucky, Area III
President

May 1986

Report of the Vice President

Since the 1985 Delegate Assembly, I have attended four regular and one special meeting of the Board of Directors, for a total of ten meeting days. As Vice President, I have also served as a member of the Coordinating Committee and have attended three meetings for a total of five and one-half days. In addition, I participated in four telephone conference calls related to Coordinating Committee business and six telephone conference calls related to Board of Directors matters. 19

I served as Chairperson of the Disciplinary Task Force, presiding at one one-day meeting and planning and coordinating completion of the Task Force's charge, much of the work being accomplished by telephone and by mail. I also served as a member of the Board of Directors Legal Affairs Committee and attended one one-day meeting of the Committee in Portland, Oregon.

It has been a great privilege and pleasure to serve as the National Council's Vice President for the past two years and to participate in the planning and decision-making that occurs at the Board of Directors level. My thanks to the Delegate Assembly for giving me this opportunity.

Respectfully submitted by

Phyllis T. Sheridan, R.N., Idaho, Area I
Vice President

May 1985

Report of the Secretary

20

During the past year I have attended all meetings of the Board of Directors and participated in five telephone conference calls. The minutes of the scheduled meetings were reviewed prior to distribution to the members of the Board of Directors, and the minutes of the telephone conference calls were written. A summary of major actions for each meeting was reviewed prior to distribution to the Member Boards.

I attended the joint meeting of the Board of Directors, the Finance Committee, and the Long Range Planning Committee. Other activities of the past year have included participation in the Board Retreat and membership on the Legal Affairs Committee.

The members of the Board of Directors this year have had an extremely productive relationship, and I thank my fellow members and the National Council staff for their continued assistance and support.

I am deeply grateful to the members of the Delegate Assembly for affording me the privilege of serving the National Council of State Boards of Nursing in this capacity, and to the Washington State Board of Nursing and the Department of Licensing for their support and understanding of the time and effort this position entails.

I look forward to the coming year of National Council activities.

Respectfully submitted by

Constance E. Roth, R.N., Washington, Area I
Secretary

April 1986

Report of the Treasurer

21

The past year has been an exciting and very busy one. A total of 43 days, excluding preparation time, has been spent in travel and attendance at various meetings in fulfilling the duties of my position as Treasurer. Meetings attended included those of the Board of Directors, Coordinating Committee, Finance Committee, and four Area Meetings.

Transforming ideas into reality is never an easy task. Estimating the National Council's financial capacity to mount and maintain new and/or expanded programs has presented a special challenge, particularly in the face of declining candidate numbers and lower interest rates, currently our two largest sources of revenue. Cautious, deliberate, and comprehensive planning has characterized much of the year's activities. Development of mechanisms to monitor and evaluate current and proposed programs and services from a financial perspective has and will continue to command significant amounts of time for both the Finance Committee and National Council staff.

Quarterly Accountants Compilation Reports, a statement of return on investments, and reports and recommendations of the Finance Committee have been presented to the Board of Directors.

The proposed budget for fiscal year 1987 was prepared by the Finance Committee and presented to the Board of Directors. The Board was provided with comparative income statements beginning with fiscal year 1983 and ending with the proposed budget for fiscal year 1987. In addition, forecasts for revenue and expenses, beginning with the last audit (fiscal year 1985) and ending in 1991 were made available. Both items of information were reviewed in conjunction with budget deliberations.

I appreciate the opportunity afforded me by the Delegate Assembly to have served the National Council of State Boards of Nursing as its Treasurer. I have found it to be especially rewarding to work with members of the Board of Directors, Finance Committee, and staff of the National Council during these past two years. A very special thanks is extended for their assistance.

I have found that it takes a tremendous commitment on the part of each person involved in an organization like ours to assure effectiveness and efficiency, but it is worth the personal investment of time and energy.

Recommendation: That the Auditors' Report for Fiscal Year 1985 be approved as presented.

Respectfully submitted by

Nancy R. Wilson, R.N., West Virginia, Area II
Treasurer

May 1986

Financial Statements and Auditors' Report

**National Council of State Boards of Nursing, Inc.
June 30, 1985 and 1984**

Auditors' Report

Board of Directors
National Council of State Boards of Nursing, Inc.

23

We have examined the balance sheets of the National Council of State Boards of Nursing, Inc. (a not-for-profit Wisconsin corporation) as of June 30, 1985 and 1984, and the related statements of revenues and expenses, changes in fund balance and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of the National Council of State Boards of Nursing, Inc. at June 30, 1985 and 1984, and the results of its operations, changes in fund balance and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Alexander Grant & Company
Chicago, Illinois
August 2, 1985

Balance Sheets

June 30, 1985 and 1984

Assets	1985	1984
Cash and cash equivalents		
Bank checking accounts	\$ 42,864	\$ 62,046
First Chicago Money Market	1,276,383	455,024
Continental Money Market	110,841	101,595
Crocker National Bank Money Market	110,816	102,693
	<u>1,540,904</u>	<u>721,358</u>
Investments — at cost (market value \$1,510,000 in 1985 and \$2,351,000 in 1984)		
U.S. government instruments	1,204,080	1,428,311
Commercial paper	195,768	500,000
Certificate of deposit	—	400,000
	<u>1,399,848</u>	<u>2,328,311</u>
Accounts receivable		
Royalties	21,393	27,637
Interest and other	107,607	47,098
	<u>129,000</u>	<u>74,735</u>
Inventories and other assets (note A3)	15,219	16,402
Prepaid disaster plan costs (note A4)	174,650	—
Property and equipment — at cost (note A2)		
Furniture and fixtures	71,179	36,129
Equipment	208,531	140,391
	<u>279,710</u>	<u>176,520</u>
Less accumulated depreciation	(100,209)	(57,172)
	<u>179,501</u>	<u>119,348</u>
	<u>\$3,439,122</u>	<u>\$3,260,154</u>

Liabilities and Fund Balance	1985	1984
Accounts payable	\$ 73,551	\$ 292,231
Accrued expenses and withheld taxes	29,225	28,360
Deferred revenue		
Examination fees collected in advance (net of prepaid processing fees of \$62,429 in 1985 and \$17,753 in 1984)	1,436,053	1,133,225
Contract and convention fees	41,385	61,637
	<u>1,477,438</u>	<u>1,194,862</u>
Commitments (note C)	—	—
Fund balance		
Unrestricted	1,248,308	729,027
Board designated		
Test security fund	—	15,674
Nursing study costs	610,600	1,000,000
	<u>1,858,908</u>	<u>1,744,701</u>
	<u>\$3,439,122</u>	<u>\$3,260,154</u>

The accompanying notes are an integral part of these statements.

Statements of Revenues and Expenses

Years ended June 30, 1985 and 1984

26

	1985	1984
Revenue		
Examination fees	\$3,126,496	\$3,155,744
Less cost of development, application and processing	2,256,370	2,311,051
Net examination fees	870,126	844,693
Contract fees (dues)	180,000	177,000
Publication royalties	52,931	43,704
Investment income	294,322	253,943
Convention fees	29,621	22,761
Honorariums and other	2,868	2,000
Total revenue	1,429,868	1,344,101
Program expenses		
Test security and administration	22,714	16,703
Test standards and practice	13,341	13,034
Convention costs (inclusive of Board travel and legal)	52,095	27,390
Research – nursing study and other	453,778	59,245
Publications	25,761	19,171
Other	41,254	17,910
Total program expenses	608,943	153,453
Organizational expenses		
Salaries and benefits – staff	387,094	290,493
Travel and expenses	61,570	43,652
Insurance	2,930	6,429
Printing and supplies	18,750	11,887
Professional services	76,856	76,329
Library subscriptions and memberships	2,799	1,895
Sundry	700	89
Total organizational expenses	550,699	430,774
Occupancy expenses		
Rent and utilities	88,725	48,250
Telephone	10,793	8,829
Postage	11,053	9,813
Equipment costs		
Lease and maintenance	23,574	18,138
Depreciation	15,134	19,920
Moving	6,740	—
Total occupancy expenses	156,019	104,950
Total expenses	1,315,661	689,177
Excess of revenue over expenses	\$ 114,207	\$ 654,924

The accompanying notes are an integral part of these statements.

Statement of Changes in Fund Balance

Two years ended June 30, 1985

27

	Board designated for			Total
	Unrestricted	Test security fund	Nursing study costs	
Fund balance at July 1, 1983	\$ 1,079,103	\$ 10,674	\$ —	\$1,089,777
Additional designation for security maintenance	(5,000)	5,000	—	—
Nursing study costs (note C)	(1,000,000)	—	1,000,000	—
Excess of revenue over expenses for the year	654,924	—	—	654,924
Fund balance at June 30, 1984	729,027	15,674	1,000,000	1,744,701
Transfer from test security fund	15,674	(15,674)	—	—
Excess of revenue over expenses for the year	503,607	—	(389,400)	114,207
Fund balance at June 30, 1985	<u>\$1,248,308</u>	<u>\$ —</u>	<u>\$ 610,600</u>	<u>\$1,858,908</u>

The accompanying notes are an integral part of these statements.

Statements of Changes in Financial Position

Years ended June 30, 1985 and 1984

	1985	1984
Sources of cash		
Excess of revenues over expenses	\$ 114,207	\$654,924
Add (deduct) items not using (providing) cash		
Depreciation of property and equipment	43,037	31,920
(Increase) decrease in receivables	(54,265)	22,259
(Increase) in inventories and prepaid expenses	(173,467)	(11,452)
Increase in deferred revenues	282,576	196,462
Decrease in accounts payable and accrued expenses	(217,815)	(236,095)
	(119,934)	3,094
Cash provided (used) by operations	(5,727)	658,018
Decrease in investments	928,463	—
	922,736	658,018
Applications of cash		
Increase in investments	—	353,818
Additions to property and equipment	103,190	8,535
	103,190	362,353
Increase in cash and equivalents	819,546	295,665
Cash and cash equivalents — beginning of the year	721,358	425,693
Cash and cash equivalents — end of the year	\$1,540,904	\$721,358

The accompanying notes are an integral part of these statements.

Notes to Financial Statements

June 30, 1985 and 1984

Note A — Summary of Accounting Policies

29

A summary of the Council's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Accounting Method

The Council prepares its financial statements on the accrual basis of accounting. Examination fees collected and processing costs incurred in advance are deferred and recognized at the date of the examination.

2. Depreciation

Depreciation is provided for in amounts sufficient to relate the cost of depreciable equipment and leasehold improvements to operations over their estimated service lives on the straight-line method.

3. Inventories

Inventories, primarily publications, are stated at the lower of actual cost or market. Cost is determined principally by specific identification.

4. Prepaid Disaster Plan Costs

The council incurred reprinting costs for registered nurse exams in 1985. These exams can be used during the next six years, if needed, and the costs will be amortized over the next six years on a straight-line basis.

5. Services of Volunteers

Officers, committee members, the Board of Directors and various other non-staff associates assist the Council in various program and administrative functions without remuneration. No value has been ascribed for such volunteer services because of the impracticality of their measurement.

Note B — Purpose and Tax Status

The Council is a nonprofit corporation organized under Chapter 180 of the Wisconsin Statutes. Its purpose is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concerns affecting the public health, safety and welfare including the development of licensing examinations and standards in nursing. It is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code as indicated in a letter dated July 24, 1980. Therefore, the accompanying financial statements reflect no provision for income taxes.

Note C — Commitments

Operating Lease

The Council has a lease agreement for office facilities expiring on August 30, 1984. As of June 30, 1984, the Council has entered into a lease agreement for new office facilities. The lease is for the period from September 1, 1984, through August 31, 1989, and calls for monthly payments of \$7,220, adjusted annually based on the change in the Consumer Price Index. In addition to the basic rental, the Council is required to pay for electricity.

The Council's future minimum rental payments required under this long-term lease are as follows:

Period ending	
June 30, 1986	\$ 86,643
June 30, 1987	86,643
June 30, 1988	86,643
June 30, 1989	86,643
July and August, 1989	<u>14,440</u>
Total minimum lease payments	<u>\$361,012</u>

Application Center Contract

On January 7, 1982, the Council entered into an agreement for the design of a computerized system for processing test applications. In connection with this system, the agreement provides for the test service company to process the test applications with a minimum annual fee of \$250,000 through July 1985. A renewal agreement effective through the July 1988 examination administration was entered into in February 1984 with a minimum annual fee of \$343,000.

Nursing Study

The Council has entered into a contract with an outside research organization to conduct a study of nursing practice and a job analysis and role delineation of entry level performance of registered nurses. The contract calls for aggregate payments of \$713,000 over the period from August 1984 to April 1986.

The Council has designated \$1,000,000 to fund this contract and associated administrative costs through 1986. In the year ended June 30, 1985, \$389,400 of this fund was expended.

Auditors' Report on Supplemental Information

31

National Council of State Boards of Nursing, Inc.

Our examinations were made for the purpose of forming an opinion on the basic financial statements taken as a whole of the National Council of State Boards of Nursing, Inc. for the years ended June 30, 1985 and 1984, which are presented in the preceding section of this report. The supplemental information presented hereinafter is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the audit procedures applied in the examination of the basic financial statements, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Alexander Grant & Company
Chicago, Illinois

August 2, 1985

Statements of Budgeted and Actual Revenues and Expenses

Years ended June 30, 1985 and 1984

32

	1985		1984	
	Actual	Annual Budget	Actual	Annual Budget
Revenue				
Examination fees	\$3,126,496	\$3,016,000	\$3,155,744	\$2,982,091
Less cost of development, application and processing	<u>2,256,370</u>	<u>2,270,161</u>	<u>2,311,051</u>	<u>2,273,210</u>
Net examination fees	870,126	745,839	844,693	708,881
Contract fees (dues)	180,000	180,000	177,000	177,000
Publication royalties	52,931	82,785	43,704	58,000
Investment income	294,322	242,649	253,943	85,000
Convention fees	29,621	22,500	22,761	32,500
Honorariums and other	<u>2,868</u>	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>
Total revenue	1,429,868	1,275,773	1,344,101	1,063,381
Program expenses				
Test security and administration				
Security and administration committee – travel and expenses	22,714	84,022	16,703	20,650
Maintenance of security	—	—	—	5,000
Test standards and practice				
Standards committee – travel and expenses	13,341	17,000	13,034	13,245
Convention costs (inclusive of Board travel and legal)	52,095	33,335	27,390	32,500
Research -- nursing study and other	453,778	560,000	59,245	98,072
Publications	25,761	56,350	19,171	14,000
Disciplinary data bank	21,076	11,500	5,673	13,500
Ad hoc committee – travel and expenses	17,929	23,000	11,203	5,000
Area meetings	<u>2,249</u>	<u>3,000</u>	<u>1,034</u>	<u>2,500</u>
Total program expenses	608,943	788,207	153,453	204,467

	1985		1984	
	Actual	Annual Budget	Actual	Annual Budget
Organizational				
Salaries and benefits – staff	387,094	418,492	290,493	296,000
Travel and expenses				
Staff – general	15,229	15,500	9,525	10,000
Board of Directors	37,928	40,000	22,235	30,000
Organizational committees	8,413	20,750	11,892	10,000
Insurance	2,930	6,107	6,429	3,950
Printing and supplies	18,750	18,174	11,887	14,600
Professional services				
Accounting	12,922	13,500	12,499	10,000
Legal	49,562	40,000	36,462	35,000
Other professional	14,372	25,000	27,368	25,000
Library subscriptions and memberships	2,799	3,000	1,895	1,500
Sundry	700	100	89	100
Total organizational expenses	550,699	600,623	430,774	436,150
Occupancy expense				
Rent and utilities	\$ 88,725	\$ 126,320	\$ 48,250	\$ 61,140
Telephone	10,793	15,000	8,829	15,000
Postage	11,053	13,500	9,813	10,000
Equipment costs				
Lease and maintenance	23,574	17,000	18,138	16,000
Depreciation	15,134	15,000	19,920	32,000
Moving	6,740	6,700	—	—
Total occupancy expenses	156,019	193,520	104,950	134,140
Total expenses	1,315,661	1,582,350	689,177	774,757
Excess of revenue (expenses)	\$ 114,207	\$ (306,577)	\$ 654,924	\$ 288,624

Report of Area I Director

34

As Area I Director of the National Council of State Boards of Nursing, I have participated in all regular meetings of the Board of Directors, all conference calls, and all Area I meetings, which were held in Chicago in August 1985 and April 30-May 1, 1986, in Seattle, Washington.

I met in Chicago, Illinois, January 7-8, 1986, in a special meeting with the Board of Directors, Finance Committee, Long-Range Planning Committee, and David Bywaters, a consultant on long-range planning from Lawrence-Leiter Management Consultant Company.

I participated as Chairperson of:

- the Committee to Approve Minutes for the August 1985 Delegate Assembly
- Rules Committee for the August 1986 Delegate Assembly
- Legal Affairs Committee of the Board of Directors.

During the April 30-May 1, 1986, Area I meeting in Seattle, Sharon Weisenbeck, President, Nancy Wilson, Treasurer, and Ruth Elliott, Chair of the Long Range Planning Committee, made the presentation for the long-range plans of the National Council. Other discussions included:

- the National Council's "Review and Challenge Policy"
- challenges to advanced nursing practice by organized medicine
- National Council Area designations
- the publication of an Annual Report for the Delegate Assembly
- a presentation by Eileen McQuaid Dvorak, R.N., Ph.D., Executive Director of the National Council entitled "Negotiation Style and Temperament Questionnaire."

Our two-day Area I meeting was successful and the group decided to continue meeting two days rather than one day.

I have appreciated the opportunity to serve as Area I Director this past year.

Respectfully submitted by

Dorothy J. Davy, R.N., Oregon
Area I Director

May 1986

Report of Area II Director

35

My appointment as Area II Director was effective December 16, 1985. The first official meeting I attended was a special meeting for the Long Range Planning Committee, the Finance Committee, and the Board of Directors January 8-9. I have attended the regularly scheduled Board meetings of January 28-30 and April 22-24 as well as participated in four telephone conference calls relating to the Mosby litigation. Among my responsibilities as Area II Director I also serve on the Public Relations Committee, for which I attended a short meeting in conjunction with the January Board of Directors meeting and a full-day meeting on March 18. The convention program and plans were basically finalized at this meeting, as were recommendations for the Dr. R. Louise McManus award that were presented to the Board of Directors for final decision.

Correspondence was sent to all Area II executive directors in February asking for input for the Area II meeting to be held in Rapid City, South Dakota, April 28 and 29. I worked very closely with Carol Stuart, executive secretary of the South Dakota Board of Nursing, in planning the program.

I have continued my appointment on the Bylaws Committee and attended that meeting in Chicago April 25 and 26.

The Area II meeting in Rapid City, South Dakota, was attended by 42 board members and staff. All states were represented except one. Members of the South Dakota Board of Nursing were very gracious and showed us the "western" hospitality.

The agenda was very informative and interesting. Dr. Peggy Primm presented "Differentiated Role of Nurse - Implications for Entry Into Practice" and Sister Lucie Leonard presented "Grandfathering, Implications for Entry Into Nursing Practice."

The following National Council officers and staff were present and shared a variety of information with the Member Boards: Sharon Weisenbeck, President; Eileen McQuaid Dvorak, Executive Director; Nancy Wilson, Treasurer; Ruth Elliott, Area III Director and Chairman of the Long Range Planning Committee; Jennifer Bosma, Director of Testing Services; and Jack Obiala, Legal Council of the National Council. Update information was presented on the following topics: summary of April Board Meeting, current status of litigation, update on the Long Range Plan and its implementation, determination of Area designations for representation on the National Council, Review and Challenge Policy and Procedure for Failure Candidates.

Long to be remembered was the social evening our hosts planned for us—a visit to Mount Rushmore, shopping for Black Hills Gold at Keystone, and dinner at Chute Roosters.

Serving as Area II Director has been an experience I will always remember. I have grown both personally and professionally. The friendships and acquaintances I have made will always be treasured. Thank you for your trust in me.

Respectfully submitted by

Elizabeth Kinney, LPN, Iowa
Area II Director

Report of Area III Director

36

All Member Boards of Nursing within Area III met April 5-6, 1986, in Raleigh, North Carolina. Major agenda items included the following topics:

1. NCSBN Update
2. Long Range Planning
3. ACT Study
4. Candidate Review and Challenge Process
5. Committee Update
6. NCSBN Delegate Assembly Program
7. Ethical Issues for Regulatory Boards – Presentation by Dr. John Henry Pfifferling.

Area III also adopted the following motion as a recommendation to the Board of Directors.

“That the Board of Directors present the long range plan and committee recommendations to the Delegate Assembly for a vote.”

As Area III Director I have attended all scheduled meetings of the Board of Directors and participated in conference calls. I also served on the newly formed Public Relations Committee of the Board of Directors. In addition, I represented the National Council at the fall meeting of the Southern Regional Education Board.

It has been a privilege to serve as Area III Director of the National Council of State Boards of Nursing.

Respectfully submitted by

Ruth Elliott, R.N., Oklahoma
Area III Director

April 1986

Report of Area IV Director

37

Area IV Member Boards met April 10-11, 1986, in Newport, Rhode Island. Thirty-two (32) attendees represented a total of eleven (11) jurisdictions attended. Also in attendance representing the Council were: Sharon Weisenbeck, President; Nancy Wilson, Treasurer; Ruth Elliott, Area III Director and Chairman of the Long Range Planning Committee; Eileen Dvorak, Executive Director; Naseeruddin Mahmood, Director of Finance; and Esther Hoffman, Member of the Long Range Planning Committee.

The major areas presented for information and discussion were:

1. Long range planning
2. Council activities update
3. Suggestions for designations of areas
4. Examination Review and Challenge Policy
5. ACT Report
6. States' activities update
7. States' specific concerns.

Attorney John Obiala from the law firm of Vedder, Price, Kaufman and Kammholz was on hand to present a report concerning the C.V. Mosby Company litigation. This portion of the meeting was held in executive session.

The 1987 spring meeting of Area IV will be held in Boston, Massachusetts.

As a member of the Board of Directors, I have participated on the Public Relations Committee.

Thank you for the privilege of serving you during the past year.

Respectfully submitted by

Jean C. Caron, R.N., Maine
Area IV Director

May 1986

Report of the Director-at-Large

38

As Director-at-Large I have attended all Board of Directors meetings and participated in all conference calls of the Board of Directors. I have served as Chairperson of the Public Relations Committee, which met for the purpose of convention planning, awards selection for the Dr. R. Louise McManus Award, discussion of interorganizational relationships, and development of a plan for the publication of *Issues*.

I have been appointed to serve on the Committee to Approve Minutes of the 1986 Delegate Assembly. Future meetings include the pre-convention Board of Directors meeting on August 3-5, 1986, in Williamsburg, Virginia.

It has been a pleasure and an honor serving the National Council of State Boards of Nursing in this capacity, and I wish to thank the delegates for this opportunity.

Respectfully submitted by

Renatta S. Loquist, R.N., M.N., South Carolina, Area III
Director-at-Large

May 1986

Report of the Board of Directors

Recommendations

The following recommendations are submitted to the 1986 Delegate Assembly for its consideration:

1. The Board of Directors recommends that the Long Range Plan Goal II, Objective A as adopted in 1985 be amended to read, "Implement a **planning** model to be used as a guide for the development of NCSBN."
2. The Board of Directors recommends acceptance of the Long Range Planning Committee Report as presented in the Book of Reports.
3. The Board of Directors recommends that as part of the total revision of Bylaws, the Bylaw Committee evaluate the current organizational structure of the National Council as detailed in the Long Range Plan Goal II, Objective B, Strategy I.

Meetings

The Board of Directors of the National Council of State Boards of Nursing, Inc. met on the following dates:

August 23, 1985
November 6-8, 1985
December 15, 1985 (Conference Call)
January 28-30, 1986
February 18, 1986 (Conference Call)
February 26, 1986 (Conference Call)
February 27, 1986 (Conference Call)
March 3, 1986 (Conference Call)
April 22-24, 1986
May 8, 1986 (Conference Call)
May 14, 1986 (Conference Call)

The Board of Directors also participated in a joint meeting with the Finance Committee and the Long Range Planning Committee in Chicago, Illinois, January 7-8, 1986.

The preconvention meeting of the Board is scheduled for August 3-5, 1986, in Williamsburg, Virginia.

1985-86 Adopted Activities

The Board adopted the following specific activities for the 1985-86 year:

- Continue to monitor the progress and review the results of the Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses for the study's implications.
- Evaluate the test service in preparation for negotiation of a contract in June, 1986.
- Conduct surveys, establish clearing house of information, and develop a report on entry into practice.
- Investigate the magnitude of the problem of unlicensed practice and develop a position statement if the problem is of major consequence.
- Develop a Model Disciplinary Procedure and Flow Chart for dissemination.

- Identify services as defined in a marketing study to be implemented.
- Explore the feasibility of initiating a licensee data base system.
- Develop a long-range plan for a legal information system for Member Board use.
- Investigate mechanisms to have electronic intercommunications between Member Boards and the National Council.
- Explore mechanisms for enhancing interorganizational communications.
- Cooperate with the staff on the National Commission on Nursing Implementation Project.
- Review interorganizational relationships.
- Develop a long-range plan for computer systems development and acquisition.
- Review and select candidates for awards to be presented in August 1986.
- Continue to compile policies from many sources into a Policy Book for the National Council.

Committees

The following Board committees assisted with the work of the Board of Directors on behalf of the National Council:

Coordinating Committee
 Public Relations Committee
 Legal Affairs Committee
 ANA/NCSBN/NLN Liaison
 NAPNES/NCSBN/NFLPN Liaison

The following standing and ad hoc committees and task forces assisted with the work of the Board and of the National Council:

Administration of Examination Committee
 Bylaws Committee
 Diagnostic Assessment Committee
 Disciplinary Task Force
 Entry into Practice Report Committee
 Examination Committee
 Finance Committee
 Long Range Planning Committee
 Nursing Practice and Standards Committee
 Test Service Evaluation Committee

Appointments

Appointments to fill vacancies and to continue National Council representation were made as follows:

Area II Director — Elizabeth Kinney, Board Member, Iowa, to replace Marilyn Meinert who resigned.

Nursing Profession Team Member of the Joint W. K. Kellogg-Pennsylvania State University Continuing Professional Education Development Project — Mary A. Romelfanger, Staff, Kentucky, Area III.

Liaison to the Commission on Graduates of Foreign Nursing Schools (CGFNS) — Bernardine E. O'Donnell, Staff, Pennsylvania, Area IV.

Board Activities

Activities of the Board of Directors included the following:

Reviewed reports at each meeting from officers, staff, test service, data center, the Board and standing committees, ad hoc committees, and task force; and took action as appropriate.

Monitored the progress of ACT in the conduct of the Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses.

Gave direction to legal counsel and staff regarding negotiations on the settlement of the litigation filed by Mosby against the National Council, CTB/McGraw-Hill, and the National League for Nursing regarding the Pre-Test.

Approved the recommendation of the Examination Committee to release budgeted funds for a meeting of the Subcommittee for Item Writer Selection.

Approved the recommendation of the Examination Committee to revise the form to solicit nominations for the Panels of Content Experts.

Directed the Examination Committee to further study the performance of the Panels of Content Experts to determine the need for revision of selection criteria or process.

Approved the raw passing score for NCLEX-PN recommended by CTB/McGraw-Hill, as determined by the Angoff Scoring Panel.

Directed the Administration of Examination Committee to review the problems with data tapes and shipping test booklets and make recommendations for further action.

Selected a new mark for use on all stationery and publications of the National Council. The "NCSBN" logo will continue to be used for ceremonial occasions.

Authorized the Chair of the Long Range Planning Committee and the Chair of the Finance Committee to present the proposed strategies and plans for implementation of the goals and objectives of the Long Range Plan at all Spring 1986 Area Meetings and the President to present the Board's actions on the Plan.

Authorized Board presentation, for informational purposes, of the strategies and accompanying financial plans for implementation of the goals and objectives of the Long Range Plan to the 1986 Delegate Assembly.

Directed the Coordinating Committee and Chairperson of Long Range Planning Committee to develop a two-year plan for the National Council for review by the Board of Directors at its pre-convention meeting and for presentation during the forum on the Long Range Plan.

Authorized the establishment of a committee to study the feasibility of establishing a computerized national nurse licensee data bank.

Directed staff to continue exploration of the use of electronic mail systems as a means of promoting communications between and among Member Boards and the National Council.

Authorized establishment of the position of Deputy Director of Administrative Services to be responsible for planning and organizing all administrative services, supervising staff responsible for data processing, financing, office management,

convention, and educational workshops, and for designing systems for program services for Member Boards.

Authorized the release of NCLEX data, other than text of individual questions, at a commercially reasonable rate to any interested party for its use to perform linkage studies for pretests upon similar conditions to those upon which such data have been made available to CTB/McGraw-Hill, including the requirement that consent of any individual candidate and the state board be obtained prior to the release of any individual data.

Reviewed the report of the Test Service Evaluation Committee and appointed a primary negotiating team to work with CTB/McGraw-Hill in negotiating test service and data center contracts for the period October 1988 through September 1991. Instructed the negotiating team regarding major issues for consideration at negotiating sessions and established a time table for reporting of the team.

Agreed to defer action on a long-range plan for a legal information system.

Supported a total revision of the Bylaws and Standing Rules in FY 1987.

Extended the period of availability of review drafts from six weeks to two months with exact dates to be selected by the National Council and CTB staff and publicized at least one year in advance.

Instructed CTB to include an invitation to Member Boards to comment on draft items at the end of the review draft summary log, but not after each item.

Approved a registration fee for the 1986 Convention of \$250 for the entire meeting and a daily fee of \$75.00.

Adopted a policy to offer an honorarium and to reimburse expenses for those speakers not associated with Member Boards who are invited to make presentations at the Annual Convention.

Authorized that an Area II site other than Chicago be included in the rotation of sites to be used for the Annual Convention during even-numbered years.

Approved Des Moines, Iowa, Area III, as the site of the 1988 Convention.

Approved the Public Relations Committee recommendation that both the Member Board Award and the Meritorious Service Award may be given in those years in which the Dr. R. Louise McManus Award is not scheduled to be given.

Selected a recipient for the Dr. R. Louise McManus Award and directed that the announcement remain confidential until the banquet, at which time the award will be made.

Directed that Portland, Maine, be included with Baltimore and Philadelphia as possible convention sites for 1990.

Approved the business agenda and plans for the 1986 Convention.

Directed that the Public Relations Committee Chair explore the awarding of Continuing Education Recognition credits for the educational programs of the 1986 Convention.

Approved the budget for FY 1987.

Approved the Long Range Financial Planning Recommendations as guidelines for the Council's financial planning process.

Authorized negotiations for the use of certain items from the California LVN pool which were evaluated and recommended by the Examination Committee. 43
Supported the institution of a policy for reporting passing scores on the examinations as "pass" and failing scores numerically.
Authorized staff to continue to seek funding for the computer adaptive testing project and to explore the feasibility of becoming involved in computer simulated testing in collaboration with the National Board of Medical Examiners.

Respectfully submitted by

Constance E. Roth, R.N., Washington, Area I
Secretary

April 1986

National Council of State Boards of Nursing, Inc. Budget Fiscal Year 1987

Adopted by Board of Directors April 24, 1986

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Revenue

Examination Income	\$3,758,052
Contracts	186,000
Publication Royalties	120,400
Interest (investment account)	184,076
Convention/workshop	40,000
Consultation/Honorarium	1,000
Total Revenue	\$4,289,528

Expenses

Program:

Test Development	\$2,009,180
Test Application System	485,722
Computer costs capitalized	
– Software	10,604
– Hardware	9,808
Test Security and Administration	63,915
Standards and Practice	15,334
Research and Development	180,000
Information Services	69,700
Convention/Workshop/Area Meetings	48,640
Ad hoc Committees	35,197
Disciplinary data bank	6,240
Computer costs capitalized	
– Software	3,120
– Hardware	9,808
Total Program:	\$2,947,268

Organizational:

Administration	
Salary & Benefits	\$645,132
Travel	14,040
Board of Directors	67,800
Committees	14,215
(Finance, Bylaws, Nominating)	
Professional Services	
Legal	42,000
Accounting	9,080
Other	25,000
Insurance	17,400
Printing/Supplies	23,816
Library/Membership	3,533
Miscellaneous	250
Total Organizational:	\$862,266

Budget Fiscal Year 1987 (continued)

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Occupancy:

Rent and Utilities	\$117,805
Telephone	16,100
Postage	15,080
Equipment	<u>36,047</u>
Total Occupancy:	\$185,032

Summary

Total Program Expenses	\$2,947,268
Total Organizational Expenses	862,266
Total Occupancy Expenses	<u>185,032</u>
Total Expenses	\$3,994,566
Total Revenues	<u>4,289,528</u>
Excess of Revenue over Expenses	\$294,962

Annual Report of the Test Service 1986

Introduction

This past year, the test service has focused on implementing the services and procedures described in the 1985-1988 contract, on cooperating with the National Council of State Boards of Nursing to establish and refine procedures that will continue to meet the needs of the Member Boards, and on evaluating and planning services and measurement technology that will be responsive to the expanding scope of health-care practice and the ongoing changes in the nursing profession. The new PN Test Plan was implemented in developing the NCLEX-PN 085 examination, in designing and implementing a new PN Diagnostic Profile Report, and in establishing the passing score for practical nursing examinations during a standard-setting workshop. In addition, the first Panels of Content Experts convened in July and September of 1985 to provide an essential content validation of each test item.

The following report provides an overview of the year's activities of the test service for the National Council Licensure Examinations (NCLEX), including NCLEX-RN 785, NCLEX-PN 085, NCLEX-RN 286, and NCLEX-PN 486.

Examination Development

Item Writing

To prepare a valid and reliable examination, the test service consistently focuses on the most basic element of the test—the item. To ensure the job-relatedness and content validity of each test question, the test service begins its development process by working interactively with item writers. With Delegate Assembly approval in 1985, the writers were selected this year by the NCSBN Examination Committee. Their selection was based on subject expertise, experience, geographic location, and current role in the nursing profession. To provide additional information for use in the selection process, the test service developed a writing exercise for all nominated writers. The exercise is designed to assess the writing skills required to create an item that meets NCLEX standards. The exercise was first administered in January 1986. Responses were reviewed by nursing content specialists from the test service; and holistic scores were presented to the Examination Committee as an additional criterion for selection of writers who will be participating in the 1986 writing workshops.

Test development staff also provided support in reviewing the item pool, determining the types of items that needed to be written, and presenting this information to the Examination Committee to enable them to select writers with particular content expertise.

The test service worked in cooperation with the National Council to provide for the return of skilled writers to item-writing sessions in order to improve the quality of items and to increase the efficiency of the item-writing process.

An ongoing evaluation of the item-writing workshop procedures provides continual refinement of the writing process. Recent focus has been on enhancing the instructional approach of the item-writing handbook by including the addition of examples that match the content focus of the session and on emphasizing that the writers work through the handbook and submit practice items to the test service for review prior to the workshop. Another focus has been on the interactive role of the test service nursing content directors—test development staff members who work closely with each

writer to provide immediate feedback and guidance in the writing process. The number of writers assigned to each content director has been limited to five or less so that the interactive process can be most effective.

The Practical Nurse writing panel met in June 1985. Representatives from Alaska, Arizona, Wyoming, Illinois, Nebraska, West Virginia, Arkansas, Florida, Georgia, Maine, New Jersey, and New York participated in this writing session.

The Registered Nurse writing panel met in July, 1985. Representatives from California, Colorado, Nevada, Washington, Missouri, Ohio, Wisconsin, Alabama, Texas, Oklahoma, Delaware, Pennsylvania, and New York participated in this writing session.

Approximately 600 items were written and validated during these two five-day workshops. Increased participation of the test service editing staff during the workshops has assisted the writers in creating quality items and has facilitated a more efficient review by the Panel of Content Experts. As is standard in preparation for the Panel of Content Experts and the Examination Committee, all items are reviewed by the test service staff to ensure that they are developed according to test plan specifications, are validated in standard texts, and are free of bias or extraneous clues that may benefit a test-wise candidate.

The Panel of Content Experts

The first Practical Nurse Panel of Content Experts met in July, 1985. Representatives from Idaho, Montana, New Mexico, Indiana, Minnesota, North Dakota, Kentucky, Louisiana, North Carolina, Massachusetts, and New York participated. Specific guidelines for reviewing items were developed by the test service, including a workbook that describes the role of the panel and the specific activities to be accomplished during the meeting. The review process included the assignment of items to each panel member to review, revise, and validate; a small-group review of items divided into specified content areas; and a full round-table review of all items by all participants. Approximately 400 items were reviewed during the meeting.

The Registered Nurse Panel of Content Experts met in September 1985. Representatives from California, Oregon, Utah, Iowa, Washington, Mississippi, South Carolina, Tennessee, Connecticut, New Hampshire, New York, and Rhode Island participated. The procedures followed for this meeting were similar to those designed for the PN meeting except that procedural modifications were made due to the large number of items being reviewed. Approximately 550 items were reviewed.

Member Board Review of Experimental Items

Since the 1985 addition of the Panels of Content Experts, the Member Boards' review of items now involves responses to questions about each item's consistency with the state's nursing practice act and appropriateness for entry-level practice. The responses will be reviewed, summarized, and presented to the Panels of Content Experts meetings in August and September of 1986. PN experimental items were reviewed by 24 Member Boards in January and February of 1986. RN experimental items were reviewed by 27 Member Boards in March, April, and May 1986. The test service has worked cooperatively with NCSBN to extend the review time frame for 1987 so that all Member Boards requesting to review can participate.

Examination Construction

Two RN and two PN examinations were constructed to be equivalent with previous forms of RN and PN examinations from both a content and a statistical perspective. The content is controlled by ensuring that each new examination meets the test plan, that an appropriate range of content is covered, that all categories of human functioning are addressed, and that all items have been field tested and have met the established statistical criteria. The test service, in cooperation with the Examination Committee, prepared confidential directions for the development of each of the four examinations and then submitted these specifications for review and approval by the committee. The examinations were constructed by the test development staff and submitted to the Examination Committee for final review and approval. All committee recommendations were implemented.

Examination Administration

Administration

Two RN and two PN examinations were administered during the past year. The NCLEX-RN 785 examination was administered to 79,327 candidates and the NCLEX-RN 286 examination was administered to 33,347 candidates. The NCLEX-PN 085 examination was administered to 28,384 candidates. The final number of candidates taking NCLEX-PN 486 was not available when this report was prepared. (NCLEX-PN 485 was administered to 20,088 candidates. This figure was not available at the writing of the 1985 annual report.)

Examination administration materials were sent to Member Boards approximately two months before each examination date to ensure that Boards had adequate time to become familiar with procedures. The test service has also accommodated requests for supplemental test materials and examiner's information as well as researching all Member Boards' requests for adapting materials for handicapped candidates. Test materials were distributed to all Member Boards in a timely and secure manner.

Materials Retrieval

All examination materials were retrieved and accounted for, with the exception of four NCLEX-RN 785 test booklets at one test site. Investigations have revealed that there is a possibility that all the items in the 785 examination have been compromised. Therefore, these items have been removed from the item pool until further investigations have been completed.

Scoring

Standard scoring procedures were implemented for each examination: candidate information, test materials, and late applications were checked for completeness and accuracy; corrections were requested from Member Boards as necessary; and test materials were scanned and scored. The passing scores were set in cooperation with the National Council, and all score reports were shipped on or before the scheduled date. Summary reports for the NCLEX-PN 485, NCLEX-RN 785, and NCLEX-PN 085 were delayed due to the submission of inaccurate and incomplete data by one Member Board.

In summary, based on the results of the statistical analyses and the fact that the examinations were assembled according to the approved test plans, the examinations were technically sound and consistent with previous versions. The scores provided a reliable measure of the competence of candidates to practice safely in entry-level nursing positions in the United States.

Hand Scoring

The test service responded to hand scoring requests from 20 NCLEX-PN 485 candidates, 240 NCLEX-RN 785 candidates, 30 NCLEX-PN 085 candidates, and 13 NCLEX-RN 286 candidates as of the writing of this report.

Disaster Plan Examination

The second phase of the NCLEX Disaster Plan is currently being implemented. Sufficient numbers of NCLEX-PN test booklets have been printed and will be available if necessary for PN examination administrations.

Implementation of the New PN Test Plan

The first examination to be administered according to the new PN test plan was the NCLEX-PN 085. The reason for adopting the new test plan was to ensure that the content covered in the examination would reflect current practice. The new test plan does represent a change in emphasis. As a result, a criterion-referenced passing score study was undertaken in June 1985 to estimate the level of competence of a minimally competent candidate based on an examination assembled according to the new test plan. A new pass/fail standard was established. As before, a scale score of 350 corresponds to that pass/fail standard. It remains true that a candidate must obtain a scale score of at least 350 in order to pass the PN examination.

Research and Technical Support

The test service has provided the National Council with research support and education services as required throughout the year. Among these have been reports and presentations to the National Council and the Examination Committee about the statistical characteristics of the test items and examinations, the content of the item banks, and the statistical characteristics of items that were being tried out before being scored in examinations.

Also, CTB/McGraw-Hill has undertaken a study to assess the accuracy of a decision rule that could be applied if, for some group of candidates, one booklet were lost in shipment from the examination site. The simulation study involves systematically eliminating each of the various booklets in the RN and PN examinations; assessing who would pass and who would fail based on the reduced amount of information; and comparing the pass/fail decisions that would have been made on the basis of partial information to the actual pass/fail decisions that were made on the basis of the complete examinations. This study will be completed in 1986.

The research and technical support planned for the immediate future relate primarily to the development of a computerized NCLEX. Research issues have been and continue to be identified; computer delivery methods are being investigated; and the item banks are being analyzed to facilitate the change to a computerized examination.

Although a schedule has not been finalized for this project, the preliminary work has already begun. Research will continue as the test service develops computerized adaptive and computer administered examination systems for other clients.

Invitational Conference

CTB is planning its second invitational conference on February 26-27, 1987. CTB managers, NCLEX staff, and members of the Data Center will participate in presenting the processes involved in test development, test administration, and scoring/reporting and will respond to any questions or topics of interest to Member Boards. All Member Boards have been invited to attend.

The NCLEX Summary Profiles

NCLEX Summary Profiles—PN

In early September, Summary Profiles were sent to approximately 150 subscribing PN programs following the scoring of NCLEX-PN 485 and the release of summary reports to Member Boards. Summary reports were delayed due to an inaccurate data tape submitted by one Member Board.

Beginning January 22, 1986, NCLEX Summary Profiles for the NCLEX-PN 085 examination were shipped to over 135 subscribers. Because CTB/McGraw-Hill received several queries from subscribers regarding the transition to the new test plan, a letter was mailed to all subscribing PN programs explaining how the introduction of the new test plan affects the reporting of the NCLEX Summary Profiles data. This letter aided educators in a more efficient and effective interpretation of the profiles. Beginning with the 486 Profiles, more information about the new test plan will be incorporated into the narrative description that accompanies the profiles.

NCLEX Summary Profiles—RN

Summary Profiles based on the 285 examination were mailed to over 580 subscribing RN programs in June 1985. The delay was due to the discovery of coding errors on the data tape of one Member Board. Subsequent discrepancies were discovered by the Member Board in its data tape, so further corrections were made by the test service. The 285 data for all programs were revised so that 785 reports would reflect updated historical information.

NCLEX Summary Profiles reporting data from the NCLEX-RN 785 examination were sent December 13 to over 540 subscribing RN programs. Of these programs, 97 were new subscribers. The 785 profiles were delayed due to the requirement that NCLEX-RN 285 data be corrected first and the submission by one Member Board of miscoded information on their data tape.

Evaluation

Evaluation surveys that were included in RN 785 and PN 085 Profiles have been received from subscribing nursing educators. A preliminary analysis indicates a high degree of satisfaction with the service. CTB/McGraw-Hill will continue to interact with educators to emphasize that the Summary Profiles can be an effective instrument in curriculum evaluation and can, therefore, help in strengthening the skills of students entering the nursing profession.

Annual Report of the NCSBN Data Center 1986

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Introduction

The NCSBN Data Center has focused this past year on implementing the services and providing the deliverables described in the 1985-1988 contract and on providing support to Member Boards in implementing new services and a new fee structure. The following report provides an overview of CTB/McGraw-Hill's activities of the past year in the NCSBN Data Center including application processing of the NCLEX-RN 785, NCLEX-PN 085, NCLEX-RN 286, NCLEX-PN 486; application shipments; program code corrections; implementation of the new postcard receipt verification process and application procedures; monitoring of the National Council program code system; and the provision of support to Member Boards in resolving coding problems.

Applications Processing

The NCSBN Data Center processed 80,782 candidates for the NCLEX-RN 785 examination, including tape and late candidates; 29,260 candidates for the NCLEX-PN 085 examination, including tape and late candidates; 34,219 candidates for the NCLEX-RN 286 examination, including tape and late candidates; and 10,386 candidates for the NCLEX-PN 486 examination, excluding tape and late candidates. These figures represent a total of 154,647 candidates over the four examinations.

Application Shipments

A total of 193,940 applications were shipped to 60 RN and PN Member Boards in addition to 2 new boards: 22,000 were shipped to the California LVN board for the NCLEX-PN 086 and 40 were shipped to the Commonwealth of Northern Mariana Islands for the NCLEX-RN 786.

Application Coding Corrections

NCSBN Data Center staff processed application coding corrections for 2,747 candidates. A total of 34 Member Boards sent in corrections for 491 candidates for the NCLEX-PN 486 examination; 35 sent in corrections for 500 candidates for the NCLEX-RN 286 examination; 35 sent in corrections for 584 candidates for the NCLEX-PN 085 examination; and 39 sent in corrections for 1,172 candidates for the NCLEX-RN 785 examination. These corrections represent 1.8% of the applications processed and include changes in program codes, educational background, and repeat status.

CTB appreciates the Member Boards' efforts in ensuring the accuracy and completeness of all program codes and first time/repeat status codes since all summary reports, as well as the NCLEX Summary Profiles, are dependent on the information submitted.

NCSBN Program Code System

The NCSBN Data Center staff made 351 changes, additions, or deletions to the program codes for both the fall and the spring delivery of application packets. The NCSBN Data Center staff continue to monitor changes made to the applications for the conversion to the new NCSBN code system.

Data Center staff produced code books for use by each jurisdiction listing complete RN, PN, and foreign country codes.

New Applications and Fees

The front page of the application was revised for the fall 1985 delivery to include revised instructions that reflect the new \$25.00 fee and information explaining the format of the envelope.

To assist Member Boards in implementing new application procedures and fees, the NCSBN Data Center extended the deadline for applications for the NCLEX-PN 085 examination and developed a special notification letter for candidates who had submitted the wrong fee.

**Study of Nursing Practice and
Job Analysis and Role Delineation
of Entry Level Performance
of Registered Nurses**

(will be provided in Addendum)

Report of the Disciplinary Task Force

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The Disciplinary Task Force was established by the National Council's Board of Directors in the spring of 1984 "to propose methods of assisting Member Boards in fulfilling their responsibilities in regard to disciplinary action." The task force has had three formal meetings — in March 1984, March 1985, and January 1986. The long time intervals between meetings was not planned but resulted from changes in task force membership, inability of members to attend scheduled meetings, and difficulty in scheduling meetings within the full schedule of standing committee meetings of the National Council.

At the first meeting of the task force in March 1984, the members discussed their charge from the Delegate Assembly and identified activities that would enable them to carry out the charge. The first major activity undertaken was the development of a Model Disciplinary Procedure based on the *Model Administrative Rules and Regulations for Nursing* previously adopted by the National Council. It was later decided that a flow chart should be developed to illustrate the model procedure. Work on these two documents has continued throughout the task force's existence.

During the two years since the Disciplinary Task Force was established, several things have occurred that have had an impact on the charge to the task force and on its proposed activities: (1) the "Analysis of Membership Needs Study" by Touche-Ross that documented types of disciplinary services for which Member Boards are willing to pay; (2) the Disciplinary Data Bank Research Project conducted by the Tennessee Board of Nursing, which resulted in recommendations to the National Council, the implementation of which will be of great assistance to Member Boards in fulfilling their disciplinary responsibility; (3) consideration by the Nursing Practice and Standards Committee of issues related to the impaired nurse; and (4) increased numbers of national and regional conferences (such as the CLEAR conferences) dealing with disciplinary responsibilities of regulatory boards, among other topics.

After considering the aforementioned factors, the cost of committee meetings, and possible duplication of work already done by others, the Disciplinary Task Force members decided to finish the Model Disciplinary Procedure (retitled Model Guidelines for Disciplinary Process) and Flow Chart.

The final meeting of the Disciplinary Task Force was held in Chicago on January 31, 1986. During this meeting, the Model Disciplinary Procedure was further revised based on comments and suggestions from the Board of Directors; a meeting was held with legal counsel to receive his comments concerning the Model; and further work was done on the Flow Chart to accompany the Model Disciplinary Procedure. Following the meeting, the committee members completed their work on the Model Disciplinary Procedure and Flow Chart by mail and by phone. The Model was presented to and accepted by the Board of Directors at their April 1986 meeting.

The task force members believe that the purpose for which the Task Force was created has been accomplished through their work and related work of other groups. The completed work of the task force is attached for information of Member Boards.

Respectfully submitted by

Phyllis T. Sheridan, Idaho, Area I
Chairperson

May 1985

Committee Members

Jean Caron, Maine, Area IV
Marjorie Doyle, New York, Area IV
Linda Savannah, Texas LVN Board, Area III
Lois Scibetta, Kansas, Area II

Model Guidelines for Disciplinary Process

The National Council of State Boards of Nursing adopted the Model Nursing Practice Act in 1983 to serve as a guide to Member Boards in considering changes in their nursing practice acts.

The purpose of this document is to provide a resource, based on the Model Nursing Practice Act and Model Administrative Rules and Regulations, to assist Member Boards in developing or improving their disciplinary procedures and processes. It is also intended as an educational tool for the nursing community and the public.

A basic premise underlying the model disciplinary procedures is that professional misconduct, incompetence, and illegal nursing practice should be reported to the appropriate regulatory agency in order to protect the health and safety of the public. The responsibility for reporting such behavior is shared by individual nurses, agencies that employ nurses, nursing organizations, and the public. Professional misconduct, incompetence, and illegal practice should be defined in the statute or rules of each jurisdiction. Terminology used for types of disciplinary action varies from state to state.

The proposed disciplinary procedure outlined below is a suggested guide for Member Boards. The entire process is based on the assumption that the civil rights of the accused will be protected and all legal procedures will be consistent with due process of law.

Procedure	Comment
<p>I. Reporting: Alleged violations may be reported by any member of the public, any agency, organization, licensee, or applicant for license or renewal of license.</p>	<p>The licensing body should encourage the flow of information.</p> <p>The system of reporting should be defined and promulgated. Reporting may be required.</p> <p>All licensure application forms should include questions that assist in evaluating the applicant's ability to practice nursing safely and effectively. Such questions should be derived from the qualifications for licensure and standards of practice.</p>
<p>Immunity from civil action should be afforded to any person, agency, or organization who reports any violation of the statute.</p>	<p>The statute should provide protection from liability for damages as a result of reporting.</p>
<p>II. Investigation:</p>	
<p>A. Screening mechanisms should be developed to determine:</p> <ol style="list-style-type: none">1. Appropriateness for Board jurisdiction;2. Substance of the allegations;3. Whether there is imminent threat to the public health, safety and welfare.	<p>The licensing body should have and use its power of injunction if there is imminent threat to the public health, safety and welfare.</p>

B. The investigatory process should be comprehensive and should include the following:

1. Use of a skilled investigator.
2. Collection of appropriate documentation.
3. Review of allegations and documentation by legal counsel.
4. Opportunity for licensee to respond to the allegations.

The person conducting the investigation should have training and experience in the use of investigatory techniques.

III. Formulation of Charges and Notice of Hearing:

1. Formal notice of charges must be served on the licensee.
2. Opportunity for a hearing must be offered to the licensee.
3. The licensee must be informed of the right to counsel.

Charges must be explicit and derived from the allegations and investigation. With formal notice of charges, the information becomes public domain.

IV. Hearing:

1. A hearing may be held.
2. The right to hearing may be waived by the licensee.

Hearings may be conducted by a hearing officer or by the licensing body. Board members who conduct their own hearings should have training in legal process.

A consent agreement may be drawn up between the licensee and the licensing body.

Opportunity for voluntary surrender of the license may be offered.

V. Administrative Adjudication:

If a hearing is held, the findings of fact and conclusions of law will be considered by the adjudicating body.

Authority to invoke various types of disciplinary action must be in the statute and/or administrative rules.

Action taken should be consistent with the severity of the offense, with protection of the public, and with prior actions of the licensing body in similar circumstances.

A variety of actions may be taken by the licensing body as follows:

1. Dismissal of charges
2. Administrative warning
3. Reprimand or censure
4. Fine
5. Denial of License
6. Limitation of license
7. Probation
8. Acceptance of consent/stipulation agreement
9. Acceptance of voluntary surrender
10. Suspension
11. Revocation

Licensure certificate should show status and limitations.

Probationary guidelines may be developed by the licensing body to provide consistency.

Terms of consent may include suspension, probation, or limitation of license and other requirements.

Formal action should be taken to suspend or revoke.

Suspension or revocation may be stayed and the licensee placed on probation for a designated period with conditions.

VI. **Notification of Action:**

A copy of the order for disciplinary action shall be mailed to the affected party.

For protection of the public, notification of the disciplinary action should be published and reported to the National Council.

VII. **Appeal:**

Through the course of due process, a licensee can appeal any action of the licensing body.

The route-of-appeal process is defined in the statute or administrative procedures act.

VIII. **Follow-Through:**

Procedures should be established to monitor compliance with conditions imposed by the adjudicating body.

Follow-through procedures may include:

1. Specific reports to be submitted at designated times.
2. Prescribed treatment or educational program requirements.

Required information may include performance evaluations, reports from counselors, random drug screens, self-evaluations.

IX. Final Action:

1. Removal of limitations.
2. Termination of probation.
3. Termination of suspension.
4. Reinstatement of license.

Upon expiration of designated period of limited licensure and compliance with all conditions, an unencumbered license is issued.

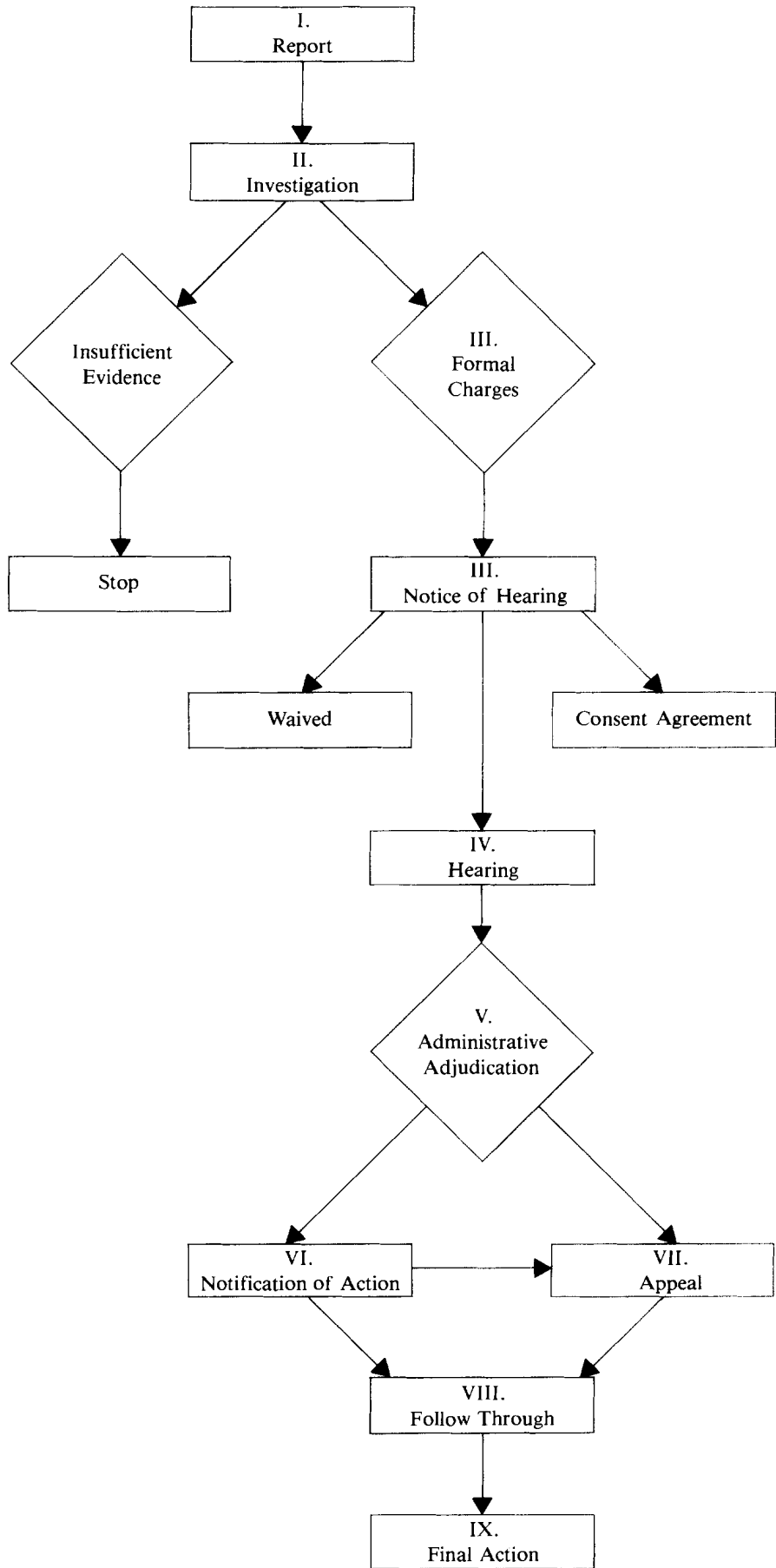
Probation will be terminated at designated time based on compliance with all stipulations.

Formal application for reinstatement/relicensure is usually required. Applicants for reinstatement may be required to appear before the licensing body. Factors to be evaluated as a basis for reinstatement may include:

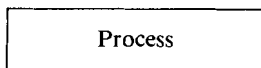
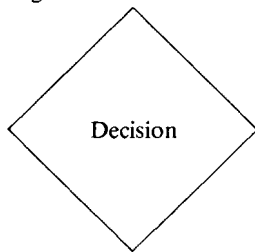
- severity of the act that resulted in disciplinary action;
- conduct of applicant subsequent to disciplinary action taken;
- degree of compliance with all stipulated conditions;
- degree of rehabilitation attained as evidenced by statements from qualified professionals.

Model Disciplinary Process—Flow Chart

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Legend:



Report of the Long Range Planning Committee

Charge

In January 1983, the Board of Directors of the National Council of State Boards of Nursing adopted a motion to appoint a Long Range Planning Committee to develop and implement a long range planning process for the National Council.

Meetings

The Long Range Planning Committee held nine meetings since its inception in 1983. Major activities for the committee have included:

1. review of the literature;
2. development of an action plan;
3. preparation of study papers in the areas of society, nursing practice, nursing education, role of the licensed practical nurse, and legislation and the regulation of nursing;
4. development of a trend analysis summary;
5. development of a mission statement for the National Council;
6. hosting an invitational hearing for nursing and community organizations;
7. identification of five goals and accompanying objectives for the National Council based on the adopted mission statement;
8. identification of strategies;
9. meeting with the Finance Committee;
10. meeting with the Finance Committee, Board of Directors, National Council staff, and Long Range Planning Committee;
11. presentation of strategies and the financial plan at regional area meetings;
12. development of a planning process; and
13. preparation of a final report.

Attachment A describes the planning process.

Review of the Literature

The Committee reviewed selected articles on the nature and process of planning. These articles served as a framework for a common philosophy of planning. Weiss (1971) identifies three levels of hierarchical planning as: (1) normative planning, (2) strategic planning, and (3) operational planning. Normative planning relates to "what ought to be done" for the organization. Strategic planning focuses on "what can be done." "What will be done" is defined at the operational level.

The purpose of planning is to direct the organization toward desirable ends, outcomes, and results. The complementary nature of planning and policy formation is clearly emphasized.

Essential components of planning are creativity and innovation with a clear focus on organizational outcomes rather than on available financial resources.

The committee used a strategy for long range planning which is defined by Falconer (1980). Preparation of a plan of action is the first step to successful planning according to this methodology. The second step is development of a mission statement that identifies the fundamental reasons for the organization's existence. The mission statement furthermore defines the scope of the organization and serves as a guide for organizational activities. Falconer also advocates the involvement of external organizations in the planning process. This feedback is essential to successful planning.

Action Plan

The action plan served as a timetable for the activities of the Long Range Planning Committee. The first year of committee work focused on the phase of normative planning and the development of a mission statement. Fiscal year 1984-1985 focused on the development of goals and objectives based upon the adopted mission statement for the National Council. Operational planning was initiated in the fall of 1985. This phase of the planning process integrated strategies and financial resources.

Study Papers

Each committee member prepared a study paper based on a review of the literature in a specific subject area. The information gleaned from this review provided a framework for the trend analysis summary that was mailed to Member Boards.

Trend Analysis Summary

The Trend Analysis Summary was divided into five major areas that included: society, nursing practice, nursing education, role of the licensed practical nurse, and legislation and the regulation of nursing practice. Each trend category was categorized into an analysis of the present situation and future forecasts.

The feedback received from Member Boards was extensively reviewed and analyzed by the committee. This information was carefully considered in the development of goals and objectives.

Mission Statement

The mission statement for the National Council evolved from an extensive review of the literature. The statement defines the uniqueness of the organization and serves as a guide for the future. The mission statement that was adopted at the August 1984 Delegate Assembly meeting is identified in **Attachment B**.

Invitational Hearing

The committee conducted an invitational hearing in the fall of 1984. Testimony was presented by nursing and community organizations. This feedback from these external organizations was carefully reviewed and considered in the development of goals and objectives.

Assumptions

As the Long Range Planning Committee implemented its action plan and began formalizing goals, objectives, and strategies, the following assumptions served as the foundation for the committee's work and are consistent with the assumptions of the Finance Committee:

1. Member Boards are autonomous in monitoring nursing for the public health, safety, and welfare in their respective jurisdictions;
2. The National Council is unique in its organizational structure, its viability, and its future orientation in working through Member Boards to accomplish its mission;

3. Existing programs of the National Council that are meeting member needs will continue to be viable program areas within the Council;
4. Future proposed program development will be based on sensitivity to member need, cost effectiveness, and appropriate utilization of available resources;
5. Systematic data collection is essential in development of a long range plan that is feasible, visionary, and responsive to the needs of the membership;
6. Planning drives the budget; and
7. Planning is futuristic.

Goals and Objectives

The committee considered the input from Member Boards relative to the goals and objectives. The internal and external feedback relative to the goals and objectives has been an essential element of the planning process. All comments from the Area meetings were carefully reviewed and considered prior to the formalization of the goals and objectives. Goals and objectives that were adopted at the August 1985 Delegate Assembly are identified in **Attachment C**.

Identification of Strategies

Proposed strategies resulted from the brainstorming session at the Long Range Planning Committee Forum at the 1985 Delegate Assembly meeting, and input from the Board of Directors, committees, staff, and Member Boards. The committee appreciates the valuable input from Member Boards, National Council Board of Directors, National Council committees, National Council staff, and all individuals who participated.

A planning budget workshop was conducted in January 1986 by Mr. David Bywaters of the Lawrence-Leiter consultant firm in Kansas City. The workshop was attended by all members of the Board of Directors, the Finance Committee, the Long Range Planning Committee, and the National Council staff. Major activities of the workshop included: (1) review of trends in society and the nursing profession, (2) discussion of major planning and financial assumptions, (3) review of mission statement, goals and objectives, (4) rank ordering of objectives, (5) review of proposed strategies, and (6) development of a financial plan for the strategies. The committee believed that the planning budgeting workshop strongly supported the previous work of the committee and the planning process.

Strategies also were presented at each regional Area meeting to increase input and feedback from Member Boards. As a result of the valuable feedback from Member Boards some strategies were appropriately revised. These changes have been identified in bold print within **Attachment C**.

Meeting with Finance Committee

A joint meeting was held between the Long Range Planning Committee and Finance Committee to evaluate financial implications of the Long Range Plan. Initial efforts focused on the development of a financial impact statement for one strategy. However, this mechanism was not feasible. Later, a revenue code system was used in relation to the proposed strategies. This coding system is identified in **Attachment B**.

Future Activities

The Long Range Planning Committee will present a joint forum with the National Council President and Chair of the Finance Committee at the Delegate Assembly meeting that will include an overview of the strategies and the planning process. Individuals will have an opportunity to discuss the proposed strategies and the planning process.

Acknowledgments

The Long Range Planning Committee expresses sincere appreciation to the many individuals and Member Boards participating in the planning process and providing direction and assistance to our efforts. It has been a privilege to serve the National Council of State Boards of Nursing.

Committee Recommendation to the Board of Directors

The following recommendation is submitted to the Board of Directors for its consideration:

The Long Range Planning Committee recommends acceptance of the Long Range Planning Report and recommends presentation of the report to the 1986 Delegate Assembly.

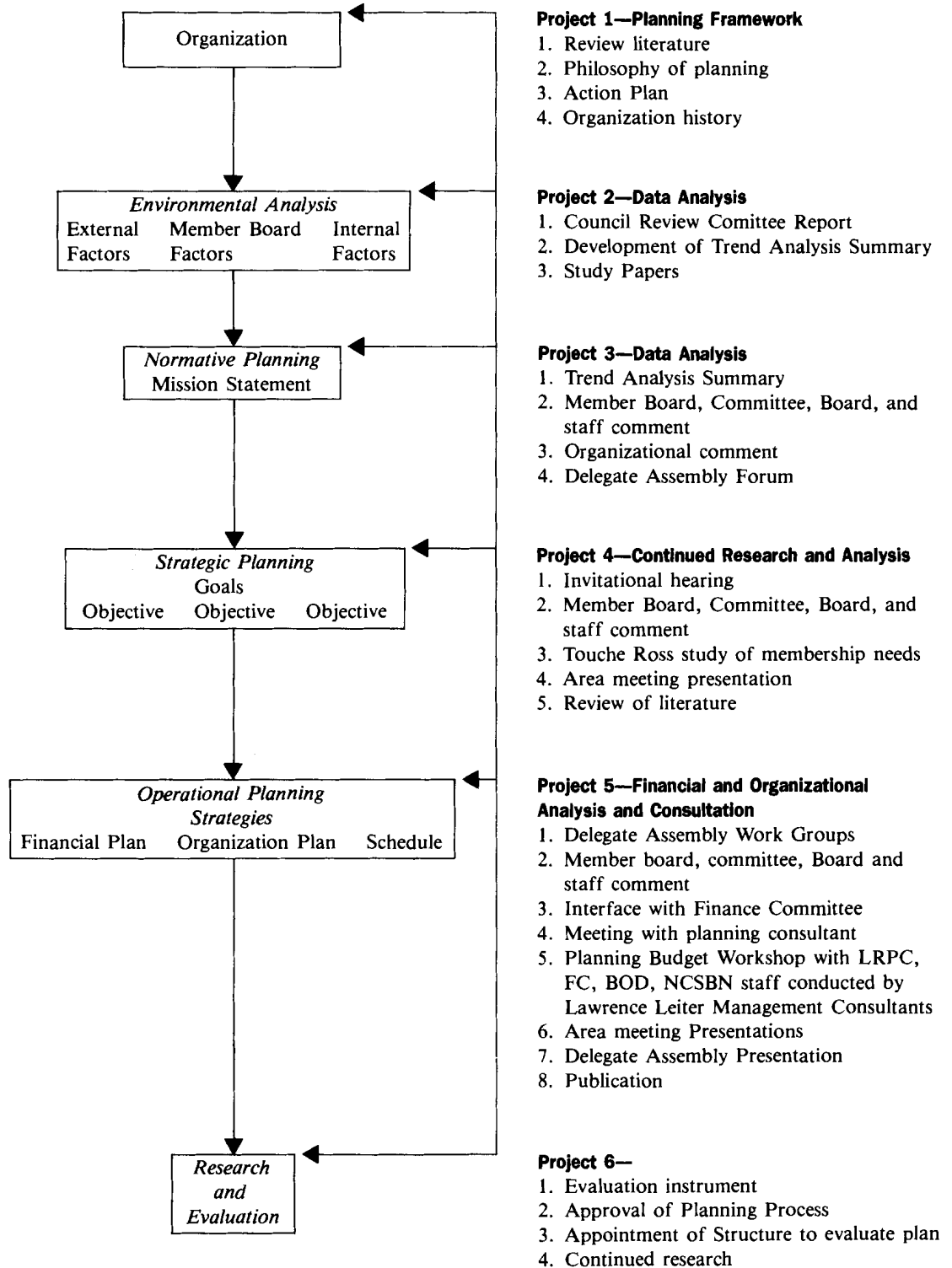
Respectfully submitted by

Jean Bruhn	Licensed Practical Nurse, Board Member, Pennsylvania, Area IV
Sylvia Edge	Registered Nurse, Board Member, New Jersey, Area IV
Ruth Elliott	Registered Nurse, Board Staff, Chairperson, Oklahoma Area III
Esther Hoffman	Public Representative, Board Member, New York, Area IV
Lois Johnson	Registered Nurse, Former Board Member, Colorado, Area I
Susan Schuler	Registered Nurse, Board Member, Wisconsin, Area II

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- Falconer, M. (1980). *Long Range Planning: Strategy That Works*. In American Society of Association Executives, Long Range Planning, Washington, D.C.
- Kuehl, P. (1985). *Managing Change Through Strategic Planning: The Developmental Process*. Washington, D.C.: American Society of Association Executives.
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NCSBN Long Range Planning Process



**Long Range Planning Committee
Attachment E**

Mission Statement

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The Mission Statement adopted by the 1984 NCSBN Delegate Assembly follows:

“The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its members on matters of common interest and concern affecting public health, safety and welfare.

“To accomplish its aims, the National Council provides guidance and services to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.”

Key to Abbreviations

The responsible party codes are as follows:

- S = Staff
- TS = Test Service
- C = Consultant
- B = Board of Directors
- EC = Examination Committee
- EIP = Entry into Practice Committee
- DA = Delegate Assembly
- PR = Public Relations Committee of the Board
- NPS = Nursing Practice and Standards Committee
- PC = Planning Committee
- L = Legal Counsel
- FC = Finance Committee
- R + D = Research and Development Committee
- TF = Task Force
- AD = Area Director
- P = NCSBN President
- AEC = Administration of Examination Committee
- ED = NCSBN Executive Director
- LRPC = Long Range Planning Committee
- DAC = Delegate Assembly Committee
- NLDC = Nurse Licensee Data Base Committee

Revenue Source Codes

The Finance Committee developed the Revenue Source Code by type of revenue that might be most directly related to each category of services or programs identified in the strategies as listed by the Long Range Planning Committee. For long range planning purposes, it seems practical to link potential sources of revenue with potential services or programs provided. The revenue sources associated with strategies in the Long Range Planning document do not, in many cases, provide the financial support at this time.

The revenue source codes are as follows:

1. Candidate fees
2. Membership fees
3. Publication Sales/Royalties
4. Consultation fees
5. Fees for Services
6. Registration fees
7. Grants/Loans
8. Mutual Assistance (Member Boards and other associations)
9. Interest Income/Reserves
10. Cost applicable to all sources of income and dependent on specific activities

Definitions

The Long Range Planning Committee used the following definitions in completing its work:

1. **Computer Adaptive Testing:** A computer based system of measuring an individual's capability in a testing situation.
2. **Computer Simulation Testing:** A computer based system that uses case presentations of life based situations as the major testing mode.
3. **Goal:** A broad statement of outcome that contributes to the achievement of the mission.
4. **Mission Statement:** The primary purpose(s) of an organization.
5. **Objective:** A specific measurable attainable outcome that contributes to the attainment of goals.
6. **Psychometric:** The theory or technique of mental measurement.
7. **Strategy:** A course of action to accomplish an objective.

**National Council Goals and Objectives
Long Range Planning Committee**

Goal	Objective	Strategy	Attachment C		
			Responsible Party	Revenue Code	Target Completion Date
I. Develop, promote and provide relevant and innovative services.	A. Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.	1. Collect data from states relative to competencies for nursing practice.	S, EIP	1	8/86 and Ongoing
		2. Establish the directions for the development of licensure examinations BASED ON ONGOING JOB ANALYSIS AND ROLE DELINEATION STUDIES.	DA, S	1	Ongoing
		3. Evaluate the ACT* research report for implications in the initial licensing examinations and for competency examinations.	B, EC, S	1	8/86
		4. Continue to conduct research on the job relatedness of the licensure examinations.	B, EC, S, C	1	Ongoing
		5. Continue to develop TEST PLANS FOR licensure examinations that are based on current nursing practice.	EC	1	Ongoing
		6. Perform a feasibility study of the computer adaptive testing program.	S, TS, C	7	1/89
		7. Implement computer adaptive testing for the licensing examinations IF FEASIBILITY STUDY INDICATES SUCH ACTION.	DA, B, S, TS, EC, AEC	1, 7	7/90
		8. Investigate the feasibility of computer simulation testing for initial and continued licensure.	S	7	12/90
		9. Explore the feasibility of NCSBN producing and implementing the licensing examinations.	B, C, S	9	12/90

*American College Testing (ACT) is undertaking for the National Council a Job Analysis, Role Delineation and Nursing Practice Study to be reported August 1986.

Goals and Objectives

Attachment C

Goal	Objective	Strategy	Attachment C		
			Responsible Party	Revenue Code	Target Completion Date
I. Develop, promote and provide relevant and innovative services. (continued)	B. Establish policies and procedures for the licensing examinations in nursing.	1. Develop policies and procedures for computer based testing.	DA, B, AEC EC, S	7	7/90
		2. Evaluate policies and procedures for the licensing examinations.	AEC	1	Ongoing
	C. Provide consultative services for Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.	1. Expand and promote orientation and educational programs for members.	PR, S, AD	2, 6	Ongoing
		2. Develop an orientation section IN the NCSBN Manual for NEW BOARD STAFF and Board Members.	PR, S	2	FY 87
		3. Explore the consultation needs of Member Boards.	PR, S	2, 4	Ongoing
		4. Publish a list of consultants within the Council according to area of expertise with input from Member Boards.	PR, S	2	FY 87
		5. Monitor the health care delivery system to evaluate implications for safe and effective practice.	PC, S	1, 2	Ongoing
		6. Continue to disseminate NCSBN statements on trends and issues affecting nursing education and nursing practice.	S, NPS	2	Ongoing
	D. Maintain and enhance communication about NCSBN, its members, and issues concerning safe and effective nursing practice.	1. Continue investigation of electronic mail and electronic communications, including teleconferencing.	S	2	FY 87
		2. Investigate mechanism for increased communications among Member Boards and Council.	S, PR	2	FY 87
		3. Provide Forums for Member Board exchange.	AD, DA	6	Ongoing
		4. Stimulate greater use of NCSBN resources by updating members on available services.	S, PR	2	Ongoing

Goals and Objectives

Goal	Objective	Strategy	Attachment C				
			Responsible Party	Revenue Code	Target Completion Date		
I. Develop, promote and provide relevant and innovative services. (continued)	D. Maintain and enhance communication about NCSBN, its members, and issues concerning safe and effective nursing practice. (continued)	5. Provide AUDIO VISUAL MATERIALS on the license examinations for nursing practice.	S	3	Ongoing		
		6. Provide a publication about trends in regulation and activities of Member Boards.	S	2, 3	and Ongoing Ongoing		
		7. Maintain and update NCSBN Manual.	S	2	Ongoing		
		8. Evaluate current and future publications related to the licensing process, legal responsibilities, and National Council services.	S, PR	1, 2, 3	Ongoing		
		9. Continue to publish the national disciplinary data bank reports and summaries.	S	2	Ongoing		
		10. Publish NCSBN research on licensure examinations and nursing practice.	S	3	Ongoing		
		11. Publish test plans for licensure examinations.	S	1, 3	Ongoing		
		12. Publish study guides on the licensure examinations.	S	3	Ongoing		
		13. Publish the NCSBN long range plan.	S	2, 3	FY 87		
		14. Provide Model Nursing Practice Act and Model Rules and Regulations.	S	2, 3	Ongoing		
		15. Publish ACT report.	S	2, 3	FY 87		
		E. Promote consistency in the licensing process among the respective jurisdictions.		1. Evaluate the regulatory implications of entry into practice and its implications for Council services.	B	1	Ongoing
				2. Continue to investigate mechanisms for EVALUATING continued competence.	NPS	2	Ongoing
				3. Provide data to Member Boards on LICENSURE REQUIREMENTS.	S, NPS	2, 5	Ongoing

Goals and Objectives

Attachment C

Goal	Objective	Strategy	Attachment C		
			Responsible Party	Revenue Code	Target Completion Date
II. Utilize human and fiscal resources efficiently to allow for growth and creativity.	A. Implement a financial model to be used as a guide for the development of NCSBN.	1. PROVIDE FOR AN organizational planning process and structure.	B D	10 10	8/86 8/86 and Ongoing
		2. Develop an evaluation mechanism for the organization.	B, S	10	FY 87
		3. IMPLEMENT A PROGRAM BUDGETING SYSTEM FOR THE NATIONAL COUNCIL.	S, FC	10	12/86
		4. Investigate the feasibility of new revenue sources FOR the organization.	Committees C, L, S	9	FY 87 and Ongoing
		5. Investigate IMPLICATIONS OF a service corporation.	L, B, S	9	FY 87 and Ongoing
		6. Maintain financial policies which provide guidelines for organizational development.	FC, S, B	10	Ongoing
		7. Review and revise forecast assumptions to maintain A CURRENT forecasting model.	FC, S	10	Ongoing
	B. Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.	1. Evaluate the current organizational structure relative to: 1) organization planning 2) committee structure 3) membership options 4) decision-making process 5) interrelationships 6) lines of communication and authority.	DAC	1, 2	8/87
III. Expand collaborative relationships with relevant organizations to facilitate the development of health related public policy.	A. Provide specific opportunity for direct dialogue, interaction and mutual decision-making among national health groups.	1. Develop a public relations program for NCSBN.	PR, S, C	10	FY 87
		2. Initiate a sponsorship of EDUCATIONAL programs of regulatory significance.	PR, S	6	FY 87 and Ongoing
		3. Expand dissemination of information about NCSBN and regulatory trends.	PR, S	2	Ongoing
		4. Promote the inclusion of a regulatory perspective in national and regional programs on health and related issues.	PR, S	10	Ongoing

Goals and Objectives

Attachment C

Goal	Objective	Strategy	Attachment C		
			Responsible Party	Revenue Code	Target Completion Date
III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy. <i>(continued)</i>	A. Provide specific opportunity for direct dialogue, interaction and mutual decision-making among national health groups.	5. Involve consumers in the development of clear position statements on health RELATED PUBLIC policies.	B, S	2	Ongoing
		6. Maintain effective working relationships with appropriate community agencies, business and industry.	B, S	2	Ongoing
	B. Promote and facilitate effective communications with related organizations, groups and individuals.	1. Sponsor an ANNUAL invitation forum IN COLLABORATION WITH health related organizations.	PR, S	6, 9	FY 88
		2. Work with health related organizations in formalizing statements on trends and issues affecting nursing education and nursing practice.	B, S	2, 8	Ongoing
		3. IDENTIFY AND PROMOTE DESIRABLE AND REASONABLE STANDARDS IN NURSING EDUCATION AND NURSING PRACTICE.	NPS, S	10	Ongoing
	C. Increase consumer involvement with NCSBN.	1. Seek interorganizational sharing of information with consumer groups.	S	10	FY 87
		2. Continue appointment of consumers to NCSBN committees.	B, S	10	Ongoing
IV. Develop a comprehensive information system for use by members, organizations and the public.	A. Implement a five-year plan for an information system.	1. Consolidate present information system.	S	10	FY 87
		2. Assign a board-level committee to develop guidelines for data collection, data use, distribution and other functions related to information system.	B, S, L, C, NLDC	9	FY 86 and Ongoing
	B. Collect, analyze, and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions.	1. Assess the market for data distribution.	B, S	9	FY 87

Goals and Objectives

Goal	Objective	Strategy	Attachment C		
			Responsible Party	Revenue Code	Target Completion Date
IV. Develop a comprehensive information system for use by members, organizations and the public. <i>(continued)</i>	B. Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions. <i>(continued)</i>	2. Develop and market a nurse licensee data base IF MARKET ASSESSMENT INDICATES SUCH ACTION.	S, C, TF	5, 8	FY 88
		3. ESTABLISH A DATA CLEARINGHOUSE.	S, C	5, 8, 9	FY 90
V. Advance research that contributes to the public health, safety and welfare.	A. Conduct and disseminate research pertinent to the mission of NCSBN.	1. Evaluate the use of the Model Nursing Practice Act and make appropriate revisions.	NPS, S	2	FY 87
		2. GATHER DATA REGARDING THE REGULATORY ISSUES OF IMPAIRED NURSES.	NPS, P, ED, S	2, 8	FY 87
		3. Gather data concerning issues and trends REGARDING disciplinary actions.	P, ED, NPS, S	2, 8	FY 87
		4. Monitor the MAJOR NURSING RESEARCH PROJECTS relative to implications on legal standards of nursing practice.	B, S	1, 2	FY 88 and Ongoing
		5. Investigate research needs REGARDING approval of nursing education programs.	B, S	2	FY 90
		6. Gather data concerning advanced practice.	NPS, S	2, 9	Ongoing
	B. Promote research proposals annually which merit funding.	1. CREATE a Research and Development Committee.	Bylaws, DA	9	FY 87
		2. DISSEMINATE RESEARCH FINDINGS AT THE ANNUAL CONVENTION.	PR, S	1, 2, 3	FY 87
		3. Maintain a data base of potential sources of government and private grant funding in areas of interest.	S, RD	10	FY 88
	C. Involve member boards in research at the jurisdictional level for use and distribution by NCSBN.	1. Request and publicize abstracts of completed, ongoing and projected studies by Member Boards.	PR, RD	2	FY 87
		2. Publish research findings in NCSBN PUBLICATIONS.	S, RD	5	FY 89

Test Service Evaluation Report
(will be provided in Addendum)

Report of the Executive Director

In a recent publication on leaders by Warren Bennis and Burt Nanus, the authors define four qualities of leadership. These qualities can be adapted to describe an organization. An organization with leadership has the qualities of intense vision, conviction in its goals and beliefs, a sense of positive self regard, and the ability to communicate goals in a meaningful way.

The movement of the National Council in acceptance of its mission and goals demonstrates the qualities of intense vision and conviction and gives the membership a needed sense of purpose. In addition, a sense of positive self regard and the ability to communicate goals in a meaningful way enable all associated with the National Council to share in the setting of its direction.

An ongoing responsibility of any executive director is to provide information to members of an organization on the functions of staff in working to achieve the objectives of the major program of the organization.

Reporting to Member Boards provides not only the opportunity to give information about efforts in major programs but also to share visions for the National Council.

Testing

The major objective in testing services has been and continues to be to provide examinations for registered nurse and licensed practical/vocational nurse candidates that differentiate between the competent and those who are not competent to practice nursing. The examinations as they are being developed currently and planned for the future are based upon accepted psychometric principles and legal considerations.

During the course of this past year the Executive Director recruited and secured new staff for the positions of Director of Testing Services and Assistant Director of Testing Services. Both new staff members have conviction in the goal of producing tests that meet the future needs for nursing. They have made major contributions during the course of the year in the review of current systems and have made recommendations for variations on the basis of psychometric and nursing research expertise.

A major activity this past year that will contribute to the vision of the National Council has been the continuing conduct of the Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses (Study). Staff have been involved in monitoring the progress of this study from its onset in 1984. They have participated with the American College Testing Program project director, associated staff and Advisory Committee members in the analysis of the data and the development of a model by which to interpret the data. The Board of Directors will consider the implications of the general recommendations of the Study, and the Examination Committee will consider the specific implications of the Study's job analysis and role delineation part of the Study on the test plan. Staff are involved in exploration of the implications.

During this past year staff designed a new system for selecting nominees for item writing and for the panel of content experts. Staff assisted also in evaluating the functioning of the panel of content experts which began reviewing items in July 1985. Revisions to assist Member Boards in identifying nominees for the panel of content experts and the functioning mode of the panels have been recommended by staff.

The Board of Directors appointed a test service evaluation committee in 1985 to assist in determining whether or not to negotiate continuation of the test service contract beyond 1988. Staff assisted the Test Service Evaluation Committee in developing the questionnaires that were sent to the Board of Directors, Member Boards, the Examination Committee, the Administration of Examination Committee, legal counsel, item writers, the panels of content experts, National Council staff, and CTB/McGraw-Hill staff. On the basis of the data collected, staff prepared a preliminary report for review by committee members who reported its findings and recommendations to the Board of Directors during its April meeting. The Board of Directors designated a member of the staff to participate on the team in the negotiations of a new contract with CTB/McGraw-Hill.

Staff continued to support the activities of the Examination Committee and the Administration of Examination Committee and to coordinate activity with CTB/McGraw-Hill as test service.

The cooperation and assistance of Member Boards in responding to requests for nominees for panels and item writer groups and members of committees have been the ongoing strength of this organization and give evidence of conviction in goals and beliefs. Staff over the course of this past year have attempted to reduce the burden of complying with special requests by trying to design ways in which Member Boards can participate without undue time commitment on their part.

Staff specifically assisted the Examination Committee members in their review of pass/fail score report practices by conducting a review of the literature and by surveying Member Boards on regulatory requirements in this regard.

The Administration of Examination Committee has continued to be actively involved in assuring the efficient administration of the licensure examinations and primarily in assuring the security of examination materials so that Member Boards can use an examination that is secure and able to discern differences in the knowledge base of candidates for licensure for nursing. Over the course of the past year, staff have been involved in investigating loss of booklets and have reported on incidents to the appropriate members of the Administration of Examination Committee and to the Board of Directors.

In fulfilling its commitment to Member Boards for secure examinations that can be appropriately reviewed, the Administration of Examination Committee this year has continued to develop a review and challenge policy which is being submitted as part of the report of that committee. Staff members worked with committee members in the development of the review and challenge policy and participated in its presentation at Area meetings in order to have Member Board response prior to submission to the Delegate Assembly as a total body.

Ongoing activities during the course of the year which occupy staff time are maintenance of the systems for examination application, for scoring, for handscoring, and for reporting results of the examination. Maintaining smooth operation of the test application and test development systems contributes to the sense of self-regard of the organization and the test service. Skills of various members of the staff to deal with various issues has contributed to problem solving. As an example, staff initiated a request that a study be done by CTB/McGraw-Hill on setting passing scores on partial data.

Staff share the vision of members of the National Council in anticipating that ongoing developments within testing and nursing will require being able to respond to requests from Member Boards for licensure examination modifications. The need for ongoing research on competencies of individuals, on changes in nursing practice, and as a result of changes in the method of delivering examinations requires continuous review and thought, and the generation of creative ideas to maintain the growth of the National Council and its need to be responsive to Member Boards' needs.

Information and Consultation

Information service is becoming a major factor in meeting needs of all consumers and members of society. Thus, the ongoing need for information and consultation to Member Boards continues to be considered a priority by staff.

The opportunity to meet with representatives of Member Boards during Area meetings, in conferences, and in committee meetings has contributed to sharing communication of goals. Over the course of the next year, when program budgeting is instituted, the amount of emphasis that is actually placed on consultation or information sharing should become more apparent. Prior to such a quantitative method of analyzing response to this objective, however, analysis has to be based upon the frequency of telephone and written communications which appears to be ever increasing in volume.

During the spring of 1986, the Executive Director and various staff members met with representatives of Member Boards at each of the Area meetings. By maintaining this form of close communication, various issues or concerns of members can be expressed on an informal basis as well as during the formal Area meeting.

Because convention provides the forum for the policy-making body of the National Council to consider issues or concerns and to decide appropriate resolution of issues, staff preparation for the convention continues to be considered a high priority. This is the time when the vision, conviction, and self regard of the organization is communicated to members and the public who are interested in the National Council. During this past year working with the newly established Public Relations Committee of the Board of Directors and preparing for the program on areas of interest to Member Boards was a new, challenging, and rewarding experience for members of the staff.

Special consultation to facilitate communication or to resolve problems are possible for Member Boards. The Executive Director met with the New York State Education Department staff to discuss major problems that ensued following the redesign of the New York computer system.

The Director of Testing Services participated as a consultant with the Massachusetts Board of Nursing at one of its meetings with representatives of various community groups concerned with licensure of Puerto Rican nurses. The Director at that time reported on various aspects of the National Council examination process and its review of the Canadian examination comparability to the National Council licensure examination.

Information sharing is one form of communicating goals and the process of achieving goals. Licensure data and disciplinary action data are two major sources of information that are shared with Member Boards. Since the last report was written to the

1985 Delegate Assembly, *1983-1984 Licensure and Examination Statistics* and the publication on licensure requirements of each of the Member Boards were prepared for publication by the Director of Information Services with the assistance of a consulting statistician. Information shared by Member Boards about requirements for education and board structure will be processed for use by Member Boards.

Staff have continued to cooperate with members of the Interagency Conference on Nursing Statistics and with staff of the American Nurses' Association and the National League for Nursing in discussing licensure data that can be best collected and disseminated by the National Council. The intent is to reduce demands made upon Member Boards to supply the same data in different formats to a variety of organizations.

Periodically staff have provided assistance to staff of Member Boards who are preparing for presentations to their legislatures, to members of their specific state communities, or to national groups. Materials and source documents have been provided in response to these requests for information on licensure, licensure examinations, disciplinary actions, or major issues in regard to licensure of nurses in general.

Staff have maintained updating of the NCSBN Manual that was produced prior to the 1985 Delegate Assembly meeting.

Staff have also maintained the disciplinary data bank system since its inception in 1980. During the course of the 1985 Delegate Assembly Issues Forum, members expressed a need for a simplified report system for the disciplinary actions taken by Member Boards. With the addition of the Deputy Director for Administrative Services who has expertise in systems design, the current reporting system will be simplified. With the change in design, the Member Boards can expect to receive a document that will be easier to complete and a report that will be easier to read. As a result of changes in the computer system, the elapsed calendar time required for each cycle will be improved.

A vision of future communications was brought up when another issue was raised by Member Boards during the Delegate Assembly Issues Forum about the need to have an opportunity for two-way communication on all issues relating to Member Boards. As a result of this expressed concern, staff investigated electronic communications in order to make a recommendation to the Board of Directors concerning the feasibility of establishing electronic mail and electronic conferencing. A survey was conducted of Member Boards, and a major question still being investigated is the cost to the Member Boards for participating in electronic mail or electronic conferences. From preliminary results of the investigation of this technique, it appears that two-way communication is facilitated and speed of communication is enhanced.

To facilitate two-way communications and to enable Member Boards to know what committee actions had taken place, staff added to the biweekly Newsletter to Member Boards a summary of actions taken by various committees after each meeting.

Another investigation performed by staff during the past year was the investigation of the feasibility of initiating a licensee data base system. As a result of this investigation, the Board of Directors established a committee to explore the operational issues for both the National Council and Member Boards in implementing a national licensee data base system.

The 1985 Touche Ross Study report suggested instituting a legal information service. Staff investigated the possibility of instituting such a legal information service system and reported findings to the Board of Directors.

In response to the expressed need for enhancing organizational communication, a corporate image design consultant was used to design a new mark for the National Council. The Board of Directors approved the new mark during its January meeting. The logo that had been adopted by the Delegate Assembly in 1980 will be maintained for ceremonial purposes as will be evidenced at the time of the granting of the Dr. R. Louise McManus Award during the 1986 Delegate Assembly meeting.

As Member Boards have been informed, litigation was brought by C.V. Mosby Company, a wholly owned subsidiary of Times Mirror Corporation, against CTB/McGraw-Hill and the National Council for the publication of NCLEX Diagnostic Pretest. The matter is still pending as of the time of the writing of this report.

Research and Studies

Research is a demonstration of intense vision in that it reflects the farsightedness of the organization. In addition to the major research being conducted for the licensing examination, the Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses, there have been other research efforts instituted during 1985-1986.

During the course of the year the Director of Program Services and the Director of Testing Services, in cooperation with CTB/McGraw-Hill staff, prepared a proposal for a funding grant to support the research needed to study the feasibility of computer adaptive testing. As shared with Member Boards during the 1985 Delegate Assembly meeting, computer adaptive testing differs from computer simulated testing. The advantages of both need to be explored to determine how the use of these forms of computer testing can provide service to Member Boards and to the public.

As of the writing of this report, meetings have been held with various agencies in connection with the possible funding of the proposal. Meetings have been held with staff of CTB/McGraw-Hill and the National Board of Medical Examiners to explore concepts and issues involved in computer testing in general. During the Board of Directors' retreat in November 1985, the opportunity to participate in a computer simulated test at the National Board of Medical Examiners was provided. Staff participated with the staff of the National Board of Medical Examiners in planning for the retreat and providing the special program for the Board of Directors.

Another major study that is being presented to the 1986 Delegate Assembly is the long-range planning study. Committee members prepared study papers after reviewing literature in specific subject areas, and staff assisted in the preparation of the Trend Analysis Survey based on these papers. Staff have participated with members of the Long Range Planning Committee and with members of the Finance Committee in preparing the final document to be presented to the Delegate Assembly by the Board of Directors during the 1986 Delegate Assembly meeting. Staff participated also in the process of the review of the long-range planning process and the production of the working document that was prepared by the consultant of the Lawrence-Leiter Management Consulting company. This meeting was held with members of the Board

of Directors, Long Range Planning Committee, Finance Committee, and staff during January 1986.

Other surveys were prepared and disseminated on behalf of National Council committees. Surveys included the extensive one to Member Boards and to state nurse's associations as formulated by the Entry Into Practice Report Committee. A report from that committee is included in the Book of Reports. In addition, a survey that was done on the impact or magnitude of the problem of nursing being performed by unlicensed personnel was conducted on behalf of the Nursing Practice and Standards Committee.

Staff also participated in the research conducted for position papers proposing guidelines for Member Boards regarding impaired nurses and on the issue of articulation for Member Boards' consideration on the entry into practice question.

In continuing the intense vision attribute of the organization, the research dimension of the National Council is perceived as one that will increase in magnitude. Questions expected to result from the conduct of the Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses will be questions that will have impact on the regulatory functions of boards of nursing.

The Board of Directors has approved a budgeted amount for FY 87 for continuing research for an annual study on practice for both registered nurses and practical nurses. Continuing participation by staff in research activities is considered imperative in order to coordinate efforts and to give the support necessary to the group that will be responsible for reviewing the research process and findings.

Publications

The ability to communicate goals is an important attribute expressed in the Bennis and Nanus model of leadership. Publications are a form of communication with members and with others who are interested in members' activities in achieving goals.

The publication *Issues* changed during 1986 in structure and focus. *Issues* has increased in the number of publications according to a public information action plan by a committee of the Board of Directors. As a result of that plan, the major focus of each *Issues* is the responsibility of one of the Area Directors or the Director at Large with the assistance and guidance of the Director of Information Services. Since the time of the 1985 Delegate Assembly, *Issues* covered topics on highlights of the 1985 convention of the Delegate Assembly, passing NCLEX, Interim Report on the National Council Study of Nursing Practice and Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses, and a report by Peggy Primm on differentiating between associate degree and baccalaureate degree nurses' competencies.

The study guide for the practical/vocational nurse candidate was revised. This new edition of *NCLEX-PN* was revised during Fall 1985. The revision provides a rationale for each question and has questions according to the new test plan for the practical/vocational nurse licensure examination. The Executive Director and Director of Information Services prepared this new edition. In addition, as had been done for the *NCLEX-RN* edition, a team of clinical specialists was used to develop the rationale for the questions published in the book.

Other publications prepared by National Council staff or prepared by CTB/McGraw-Hill staff in cooperation with the National Council staff have been maintained. These publications include the biweekly newsletters to Member Boards and the National Council Licensure Examination Summary Profiles which were begun in 1984. The latter publication is produced on a subscription basis for nursing program faculty to assist them in analyzing the performance of their graduates.

The Executive Director during this past year authored an article, "Current Trends in Licensure Examination System," which was published in *Dean's Notes*. This is a communication that is distributed to nursing school deans, administrators, and faculty on behalf of the National Student Nurses' Association. In addition, material prepared by the Executive Director on credentialing is included as a chapter in a publication entitled *Nurses, Nurse Practitioners: The Evolution of Primary Care* by Mathy D. Mezey and Diane O. McGivern. This book was published in 1986. This specific chapter addresses the issues of credentialing the nurse who provides primary care and the current debates about the need for credentialing and what entity should credential.

Public Relations

Public relations is one component of the leadership model in that it provides opportunity to communicate goals of the organization. The major objective in public relations is to be able to listen to one another to share common goals and to understand one another's perspective. Staff have participated in activities associated with promoting the purposes of the National Council and with sharing understandings and perceptions with other organizations.

The Executive Director joined the President in meetings held during the course of the year with the American Nurses' Association and the National League for Nursing. Two meetings of the Presidents and Executive Directors of the three organizations were held during the course of the 1985-1986 year. The general topics that were discussed included program initiatives related to the impaired nurse, regulation of advanced practice and continuing competency, and reports on activities associated with the licensure and titling for nursing practice proposals. The Executive Director also joined the President in meeting with the Presidents and Executive Directors of the National Association for Practical Nurse Education and Services and the National Federation of Licensed Practical Nurses. The topics discussed during this meeting included representation of licensed practical/vocational nurses in the National Council, entry into practice issues, and the National Council position statement on continued competency.

Staff continued to participate in meetings of the American Hospital Association Council on Nursing, the Interagency Conference on Nursing Statistics, the American Medical Association Informal Steering Committee on Prescriptive Drug Abuse, and the American Organization of Nurse Executives.

In her role as the President of the Federation of Association of Regulatory Boards (FARB), the Executive Director presided at the annual forum that was held in Dallas, Texas in February 1986. Major topics on testing, on impact of legislative activities, and on ethics presented new discussion points for members of various regulatory boards in attendance. Other staff participated in the meetings and the Director of Testing Services gave a presentation on computer adaptive testing.

Staff have also participated in conferences including the Midwest Alliance in Nursing conference on "Marketing, Nursing, and Political Power" and at the annual American Medical Association National Conference on the Impaired Physician. The Executive Director joined the President to represent the National Council at the National Federation of Licensed Practical Nurse Convention that was held in September 1985 and will represent the National Council at the American Nurses' Association convention in June 1986. Because of the conflict in dates, staff were unable to represent the National Council at the convention of the National Association for Practical Nurse Education and Services.

Various staff members have prepared and delivered major presentations for both Member Boards and for other organizations over the course of the past year. The Executive Director delivered a presentation on behalf of the South Carolina Board of Nursing's celebration of its Fiftieth Anniversary. The presentation included a discussion of current and future regulatory issues. The Executive Director also presented an update on validation and construction of licensing examinations of registered nurses at the annual meeting of the National League for Nursing Baccalaureate and Higher Degree Council. The Executive Director has agreed to make presentations at the annual meeting of the American Association of Nurse Anesthetists to be held in August 1986.

The Director of Program Services has addressed numerous groups on the ramifications of regulation of advanced practice. One group was the Association of Rehabilitation Nurses who met in November 1985. The Director of Program Services also discussed the current and future issues of regulatory issues in connection with the licensing examination for the National League for Nursing Associate Degree Council Meeting held in April 1986. In addition, she has presented papers for the Student Nurses' Association of Illinois on Trends and Issues in Nursing.

The Director of Testing Services presented a paper at the annual meeting of the National Council on Measurement and Education held in April 1986. Her presentation was entitled, "Using the Rasch Model for Classroom Computer Testing." The Director of Testing Services also presented a session on computerized testing at the Kentucky State Board of Nursing annual meeting for educators and service administrators.

The Assistant Director of Testing Services has presented papers on the influence of nursing educational preparation on patient assessment to the Midwest Nursing Research Society, the University of Wisconsin Madison School of Nursing and Beta Eta Chapter of Sigma Theta Tau, and the Society for Research and Nursing Education. In addition the Assistant Director of Testing Services participated in a panel discussion on trends and issues in the delivery of nursing services at the Midyear Conference of the National Student Nurses' Association. The Assistant Director of Testing has also presented a paper on licensure issues at a meeting sponsored by the St. Louis University School of Nursing.

During the past year the Executive Director maintained contact with staff of the Ontario College of Nurses in Canada and has received inquiries for consultation visits at National Council headquarters from persons representing governments in Saudi Arabia and Ireland. The purpose of these meetings is to share issues and resolutions of problems that seem to be of common concern and to explore methods of assisting one another in the licensure process.

Sharing information and working together towards attainment of commonly held goals is a vision that staff share with other National Council populations with the hope that positive interorganizational relations will continue.

National Council Office Operations

During the course of the 1985-1986 year, an updated organizational chart was shared with Member Boards depicting organization of staff to implement the policies and directives of the Delegate Assembly, the Board of Directors, and National Council committees. In addition to the positions mentioned in the other sections of this report there also are other staff who maintain operational supports which enable the people involved in program categories to function. These staff positions include the Deputy Director for Administrative Services, the Director of Finance, and the Director of Computer and Convention Services. The support staff under the direction of the Office Manager maintain production in all services and facilitate communications with members and with non-members who are interested in the National Council's work. All staff carry multiple responsibilities and function as a team in implementing the program of the National Council.

The organizational committees—Bylaws, Finance and Nominating—and the three committees of the Board of Directors have continued to receive staff support over the course of the past year.

Conclusion

The opportunity for staff to communicate to Member Boards and the Delegate Assembly is realized in the production of this report. Staff members believe that they share in the vision of the National Council, that they have the opportunity to communicate their goals and the goals of the National Council in a meaningful way, that the National Council goals are right, and that they have strengths that they wish to share in helping the National Council achieve its mission of promoting public policy related to the safe and effective practice of nursing.

Eileen McQuaid Dvorak
Executive Director

Report of Finance Committee

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The Finance Committee met on three occasions during fiscal year 1986: October 3-4, 1985; January 6-8, 1986, with the Long Range Planning Committee and Board of Directors; and March 10-11, 1986.

Much has been accomplished by the committee, as is evidenced by the committee's progress toward meeting objectives established for the year.

Activities of the committee with respect to achievement of established goals and objectives were:

Goal I. Supervise Financial Status of Council to Enable Achievement of Mission.

Objective 1. Monitor fiscal year 1986 budget implementation.

Activity: Budget implementation was monitored through review of quarterly comparative compilations of income and expenditures.

Objective 2. Monitor investments and cash assets for 1986 through investment counselor and quarterly reports.

Activity: A quarterly statement of return on investments was reviewed at each meeting. Organization proposals were monitored for real or potential effect on National Council assets.

Objective 3. Prepare budget calendar and assumptions for fiscal year 1987 budget.

Activity: A budget calendar and assumptions were approved as guidelines for development of the proposed budget.

Objective 4. Develop fiscal year 1987 budget.

Activity: A proposed budget for fiscal year 1987 was prepared and verified based on approved assumptions, committee requests, and directions received from the Board of Directors. Specific items requiring a policy decision were referred to the Board of Directors for action.

Goal II. Develop Policies Contributing to the Long-Term Fiscal Viability of the National Council

Objective 1. Develop long-range fiscal plans giving consideration to the impact of the long-range planning strategies.

Activity: The action plan developed by the Long Range Planning Committee, in establishing a process for planning, identified involvement of the Finance Committee in the final year of the three-year project.

The Finance Committee met with the Long Range Planning Committee, the Board of Directors, and a consultant to identify potential for organizational integration of long-range planning strategies. Following that meeting, a coding system was developed by the Finance Committee and revenue source codes were applied to identified strategies and forwarded to the Long Range Planning Committee.

The revenue codes are as follows:

1. Candidate fees
2. Membership fees
3. Publication Sales/Royalties
4. Consultation fees
5. Fees for Services
6. Registration fees
7. Grants/loans
8. Mutual Assistance (Member Boards or other Associations)
9. Interest Income/Reserves
10. Cost applicable to all sources of income/dependent on specific activity

The Finance Committee believes that the ongoing long-range planning process should continue to analyze and project the relationship between revenue generated and services provided.

Income sources as a percentage of total current revenue are:

<u>Income Source</u>	<u>%</u>
Net Exam. fees	68
Membership dues	11
Publication royalties	6
Interest	13
Convention	2
Honorariums	less than .1

(based on 1986 projections)

Objective 2. Develop long-range financial planning policies.

Purpose: To assure long-term financial viability through planning based on comprehensive information.

Activity: The Finance Committee compiled what it believed to be a comprehensive set of twelve recommendations, which provide necessary financial information for planning. Many of the concepts are not new to the organization. A number of activities are underway, which make implementation possible and include availability of comparative income statements, a computerized forecasting model, and a move to program accounting which is scheduled to begin July 1986.

These recommendations were approved by the Board of Directors on April 24, 1986, as financial guidelines for Council's planning process, which are as follows:

1. Growth in expenses for basic services, services provided to Member Boards as part of membership fees, and services provided as part of the management portion of the candidate fees should be contained at the level of inflation.
2. Basic services should be evaluated annually for cost effectiveness—direct and indirect—and continuing value to members and others.

3. New or expanded products or services added as a part of basic services should not contribute to the overall cost of providing existing services unless added costs—direct and indirect—can be passed through in increases in the two basic fees—membership and candidate fees, including an inflation factor.
4. Products and services provided on a fee-for-service or product basis should be evaluated annually to assure that they remain cost-effective, current and of continuing intrinsic value. These products and services should be revised or deleted as is determined appropriate if any of the above conditions are not met.
5. Expansion into new products and services should be based on essential need and/or the ability of that product or service to recover all direct and indirect expenses incurred for development and maintenance of that product or service.
6. Funding should be secured from outside sources for development of products and services which warrant such funding. The project shall be self-supporting at the end of the grant period.
7. Council reserves should be available in amounts adequate to support (a) initial substantial expansion for new products or services when recovery is expected in future years. (b) contingency expenditures that are emergency or mandatory in nature and (c) capital improvements. Reserves, however, may not be used for any purpose other than emergency if expenditures will cause the cash portion of fund equity to fall below one half of the current operating budget.
8. All programs, projects, service or product proposals should include the basis for estimating all anticipated costs and revenues, for the year of project initiation and a minimum of three years forward.
9. Comparative statements should be prepared and provided with the annual budget request and auditors report.
10. Forecasts for income and expenses should be reviewed and revised at least annually, prior to preparation of the annual budget. Limits on increases in expenditures should be based on outcome of this review.
11. Administrative overhead should be recalculated annually and submitted with the proposed budget for approval and application as indirect cost, as appropriate, to staff time and other internal direct costs for project, program, product and service proposals.
12. Forecasting should be undertaken at intervals to permit availability of current forecasts spanning not less than five years nor more than ten years. Forecasts should always be prepared to provide information through the final year of a given examination contract period.

Objective 3. Develop financial policies to monitor existing services.

Activity: A partial compilation of existing financial policies was reviewed.

Work on development of comprehensive financial policies is being carried forward into fiscal year 1987.

Objective 4. Investigate alternatives in budget preparation. For example, program versus line item budgeting.

Activity: Implementation of the program accounting system is viewed as a first step in the development of program budgeting. The Finance Committee anticipates a move to zero-base program budgeting in fiscal year 1987.

The following goals and objectives were approved by the committee for fiscal year 1987:

Goal I. Supervise Financial Status of Council to Enable Achievement of Mission.

Objective 1. Monitor fiscal year 1987 budget implementation.

Objective 2. Monitor investments and cash assets for 1987 through investment counselor and quarterly reports.

Objective 3. Prepare budget calendar and assumptions for fiscal year 1988 budget.

Objective 4. Develop fiscal year 1988 budget.

Goal II. Maintain Policies Contributing to the Long Term Fiscal Viability of the National Council.

Objective 1. Monitor development of financial policies.

Objective 2. Implement financial planning guidelines.

Objective 3. Monitor implementation of automated program accounting system.

Objective 4. Implement zero-base program budgeting.

Objective 5. Investigate two-year budget planning cycle.

Respectfully submitted by

Nancy R. Wilson
Treasurer and Chairperson
West Virginia-PN, Area II

Committee Members:

Janette Packer, Pennsylvania, Area IV
Leota Rolls, Nebraska, Area II
Nancy R. Wilson, West Virginia-PN, Area II

Report of the Bylaws Committee

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Recommendations

1. The Committee recommends for consideration by the 1986 Delegate Assembly the eighteen (18) proposed Bylaws changes and the four (4) proposed Standing Rules changes, as presented in this report.
2. The Committee recommends that the Bylaws Committee be designated as the “special committee” referred to in Article XIV—Section 2.a to undertake a total Bylaws revision in FY 87.

Meeting Dates

The National Council’s Bylaws Committee met April 25-26, 1986.

Activities

The activities of the committee focused on the following:

- (1.) a review of the Bylaws and Standing Rules of the National Council;
- (2.) consideration of proposed amendments submitted by Member Boards and the NCSBN Board of Directors; and
- (3.) preparation of recommendations to be presented to the 1986 Delegate Assembly.

Objectives

The Committee’s objective for 1986-1987 is as follows:

Complete a comprehensive review of the National Council’s Bylaws for a total revision pending the approval of the 1986 Delegate Assembly.

Respectfully submitted by

Corinne Dorsey, Virginia, Area III
Chairperson

Committee Members:

Donna Dorsey, Maryland, Area IV
Elizabeth Kinney, Iowa, Area II
Nancy Twigg, New Mexico, Area I

**Bylaws Committee's
Recommendation**

Current Bylaw

Proposed Bylaw Change

Rationale

<p>1. Article V – Officers Section 2. Qualifications Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as an employee of a Member Board. No more than three officers shall be from the same area. No person may hold more than one elected office at the same time. The president shall have been on the Board of Directors at least one year before being elected to office. No officer shall hold elected or appointed office in a state, regional or national associated or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.</p>	<p>Article V – Officers Section 2. Qualifications Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as an employee of a Member Board. At least one officer shall be a member of a member board. No more than three officers shall be from the same area. No person may hold more than one elected office at the same time. The president shall have been on the Board of Directors at least one year before being elected to office. No officer shall hold elected or appointed office in a state, regional or national associated or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.</p>	<p>This change is recommended to assure representation on the National Council's Board of Directors. Due to the more consecutive visibility of staff members at the Council and board member's inability to attend Council activities for a continual period of time, board members are losing their voice on the Executive Board. This change would assure representation of members of Member Boards.</p>	<p>The Bylaws Committee does not recommend this proposed change be adopted. Though, according to legal counsel and parliamentary advice, this is the broadest way of addressing representation for a specified membership group, it has the potential of limiting the nomination and election process. The committee feels that it should remain the initiative of Member Boards to both select and nominate qualified members of their staff and board.</p>
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Submitted by
Iowa Board of
Nursing

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article V – Officers Section 2. Qualifications</p> <p>Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as employee of a Member Board.</p> <p>No more than three officers shall be from the same area.</p> <p>No person may hold more than one elected office at the same time.</p> <p>The president shall have been on the Board of Directors at least one year before being elected to office.</p> <p>No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.</p>	<p>Article V – Officers Section 2. Qualifications</p> <p>Delete this phrase: “No more than three officers shall be from the same area.”</p>	<p>The directors each represent an area. Past experience shows that repeated balloting is necessary merely to meet this bylaw requirement. The officers other than the area directors should be selected according to merit rather than geography.</p>	<p>Article V – Officers Section 2. Qualifications</p> <p>The Bylaws Committee recommends this proposed change be adopted. This bylaw provision has restricted the nominations process and has not allowed for the full participation by interested qualified members in the activities of the Council.</p>

Submitted by

Minnesota Board of
Nursing
New Mexico Board
of Nursing
The NCSBN Board
of Directors

Current Bylaw

Proposed Bylaw Change

Rationale

Article V – Officers
Section 2. Qualifications
Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as employee of a Member Board.
No more than three officers shall be from the same area.
No person may hold more than one elected office at the same time.
The president shall have been on the Board of Directors at least one year before being elected to office.
No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.

Article V – Officers
Section 2. Qualifications
Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as employee of a Member Board.
No more than three officers shall be from the same area.
Any candidate for director-at-large shall be a member of a Member Board.
No person may hold more than one elected office at the same time.
The president shall have been on the Board of Directors at least one year before being elected to office.
No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.

Submitted by
Iowa Board of Nursing

This change is recommended to assure representation on the National Council's Board of Directors. Due to the more consecutive visibility of staff members at the Council and board members' inability to attend Council activities for a continual period of time, board members are losing their voice on the Executive Board. This change would assure member presentation.

The Bylaws Committee does not recommend this proposed change be adopted. Though, according to legal counsel and parliamentary advise, this is the broadest way of addressing representation for a specified membership group, it has the potential of limiting the nomination and election process. The Committee feels that it should remain the initiative of Member Boards to both select and nominate qualified members of their staff and board.

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article V – Officers Section 2. Qualifications.</p> <p>Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as an employee of a Member Board.</p> <p>No more than three officers shall be from the same area.</p> <p>No person may hold more than one elected office at the same time.</p> <p>The president shall have been on the Board of Directors at least one year before being elected to office.</p> <p>No officer shall hold elected or appointed office in a state, regional or national associated or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.</p>	<p>Article V – Officers Section 2. Qualifications.</p> <p>Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience as a member or as an employee of a Member Board.</p> <p>No more than three officers shall be from the same area.</p> <p>Any candidate for director at large shall be a licensed practical/vocational nurse.</p> <p>No person may hold more than one elected office at the same time.</p> <p>The president shall have been on the Board of Directors at least one year before being elected to office.</p> <p>No officer shall hold elected or appointed office in a state, regional or national associated or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.</p>	<p>This change is recommended to assure the Licensed Practical Nurse representation on the Board of Directors of the Council. There are approximately 600,000 practicing Licensed Practical Nurses and approximately 150 LPN's serving as members on Member Boards. These nurses should have at least one voice on the Board.</p>	<p>The Bylaws Committee does not recommend adoption of this proposed change because of the limiting nature of this restriction on the nominations process.</p>
	<p>Submitted by New Mexico Board of Nursing and Oklahoma Board of Nursing</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article V – Officers Section 3. Terms of Office</p> <p>No officer shall serve more than two consecutive terms in the same office nor more than six consecutive years on the Board of Directors.</p>	<p>Article V – Officers Section 2. Term of Office</p> <p>No officer shall serve more than six consecutive years on the Board of Directors.</p> <p>Submitted by New Mexico Board of Nursing</p>	<p>Rationale for this change is that there is value in having someone serve more than two terms in a complex position. There is a check in the total length of time one individual can serve on the Board of Directors and, in addition, there is a check in that an individual has to be elected for each two year term.</p>	<p>The Bylaws Committee does not recommend the adoption of this proposed change at this time. This is an item that can be considered in a review of Bylaws for a total revision as projected by the Bylaws Committee for FY 87 pending the approval of the 1986 Delegate Assembly.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections Section 1. Committee on Nominations</p> <p>a. Composition and term. The Committee on Nominations shall be comprised of one person from each area. Committee members shall be either members of Member Boards or nurses employed by or for Member Boards.</p> <p>The term of office shall be one year. No member shall serve more than two consecutive terms on the committee.</p>	<p>The term of office shall be one year. No member shall serve more than two consecutive terms on the committee. Members shall assume duties at the close of the session at which they are elected.</p> <p>Submitted by New Jersey Board of Nursing</p>	<p>This clarifies when the term of the Committee on Nominations begins and that the committee is elected.</p>	<p>The Bylaws Committee recommends adoption of this Bylaws change.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections Section 1 Committee on Nominations</p> <p>b. Election of Committee on Nominations.</p> <p>The Committee shall be elected at the annual session of the Delegate Assembly. Nominations shall be made from the floor, and election shall be held at the same time as election of officers. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chairperson. If more than one person from an area receives sufficient votes to be elected, the one receiving the most votes shall serve. In the event there is but one nominee from each area, election may be by voice vote.</p>	<p>Delete current b. and substitute the following:</p> <p>The Committee shall be elected by ballot at the annual session of the Delegate Assembly. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chairperson.</p>	<p>This designates that the Committee on Nominations shall be a part of the ballot preparation process rather than having them only as nominations from the floor. This would strengthen the election process for Committee on Nominations and would assure appropriate solicitation of nominees for the Committee on Nominations from the area prior to the Delegate Assembly meeting.</p>	<p>The Bylaws Committee recommends the adoption of this proposed change.</p>
	<p>Submitted by New Jersey Board of Nursing</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections Section 1.</p> <p>d. Vacancies</p> <p>Vacancies occurring in the committee shall be filled from the remaining nominees in the order of votes received. The Board of Directors shall fill a vacancy if none of the remaining nominees can serve.</p>	<p>Delete current D and substitute the following:</p> <p>D. In the event of a vacancy on the Committee, the Board of Directors' shall make the appointment from the area in which the vacancy occurs.</p>	<p>This assures that area representation remains equal for the Committee on Nominations in case of a vacancy.</p>	<p>The Bylaws committee recommends the adoption of this proposed change.</p>
	<p>Submitted by New Jersey Board of Nursing</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections</p> <p>Section 1.</p> <p>e. Duties</p> <p>The Committee on Nominations shall consider qualifications of all candidates proposed by Member Boards or by members of the committee on nominations. Candidates for director representing an area may be proposed only from the area involved. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.</p>	<p>Article VI – Nominations and Elections</p> <p>e. Duties</p> <p>The Committee on Nominations shall consider qualifications of all candidates for officers and the Committee on Nominations as proposed by Member Boards or by members of the committee on nominations. Candidates for director and the Committee on Nominations representing an area may be proposed only from the area involved. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.</p>	<p>This would provide for the Committee on Nominations to prepare a slate for the Committee on Nominations as well as other officers.</p>	<p>The Bylaws Committee recommends adoption of this proposed change.</p>
	<p>Submitted by</p> <p>New Jersey Board of Nursing</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections</p> <p>f. Report</p> <p>The Committee on Nominations shall submit at least one name for each office to be filled. The report shall be read on the first day of the meeting of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.</p>	<p>Article VI – Nominations and Elections</p> <p>f. Reports</p> <p>The Committee on Nominations shall submit two names for each position to be filled. The report shall be read on the first day of the meeting of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.</p> <p>Submitted by</p> <p>New Jersey Board of Nursing</p>	<p>This allows for a choice of candidates for all elected positions of the National Council.</p>	<p>The Bylaws Committee recommends adoption of this proposed change.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VI – Nominations and Elections</p> <p>Section 2. – Election of officers</p> <p>Election of officers shall be by ballot during the annual session of the Delegate Assembly. In the event there is but one nominee for an office, election may be by voice vote.</p>	<p>Article VI – Nominations and Elections</p> <p>Section 2. – Election of Officers and the Committee on Nominations</p> <p>Election of officers and Committee on Nominations shall be by ballot during the annual session of the Delegate Assembly.</p> <p>Submitted by</p> <p>New Jersey Board of Nursing</p>	<p>Deleting the second sentence assures that the election of officers and the Committee on Nominations are by the ballot process. Adding Committee on Nominations to the titles helps clarify this as well.</p>	<p>The Bylaws Committee recommends adoption of this proposed change.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VIII – Delegate Assembly Section 1. Composition, Term and Voting</p> <p>a. Composition The Delegate Assembly, the voting body of the Council, shall be composed of delegates designated by Member Boards. Each Member Board may designate two delegates. An alternate duly appointed by a Member Board may replace a delegate and assume all privileges of a delegate.</p>	<p>Article VIII – Delegate Assembly Section 1. Composition, Term and Voting</p> <p>a. Composition The Delegate Assembly, the voting body of the Council, shall be composed of delegates designated by Member Boards and the elected officers present at a session of the Delegate Assembly. Each Member Board may designate two delegates. An alternate duly appointed by a Member Board may replace a delegate and assume all privileges of a delegate.</p> <p>Submitted by New Mexico Board of Nursing</p>	<p>The Board of Directors should have the right to vote on matters coming before the Delegate Assembly as the result of the trust inherent in their election to carry out National Council business between sessions of the Delegate Assembly.</p>	<p>The Bylaws Committee does not recommend the adoption of this proposed change. Though it agrees with the proposed change, it believes it would be more appropriate to address it in a total revision process as projected for FY 87 pending approval of the Delegate Assembly.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article VIII – Delegate Assembly Section 1. Composition, Term and Voting</p> <p>c. Voting Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at a session of the Delegate Assembly.</p>	<p>Article VIII – Delegate Assembly Section 1. Composition, Term and Voting</p> <p>c. Voting Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. Each elected officer shall be entitled to one vote. There shall be no proxy or absentee voting at a session of the Delegate Assembly.</p> <p>Submitted by New Mexico Board of Nursing</p>	<p>The vote of an elected officer of any organization should reflect the broad view of that organization. The officer should not vote as an officer of the National Council and also have the vote of a specified Member Board Delegate.</p>	<p>The Bylaws Committee does not recommend this proposed change at this time for the reason presented in discussion of Article VIII, Section 1.a.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article V – Officers Section 5. Duties of Officers a. President (cont'd)</p> <p>(5) Retain the right to vote on all matters before the Delegate Assembly, if a delegate, or on all matters before the Board of Directors, casting that vote at the same time all voters cast their votes;</p> <p>(6) serve or delegate a qualified representative of a Member Board or staff of the Council to serve as the official representative of the Council in its contacts with governmental, civic, business and other organizations.</p>	<p>Article V – Officers Section 5. Duties of Officers a. President (cont'd)</p> <p>(5) Delete</p> <p>(6) serve or delegate a qualified representative of a Member Board or staff of the Council to serve as the official representative of the Council in its contacts with governmental, civic, business and other organizations.</p>	<p>This bylaw provision will not be necessary if the proposed bylaw changes to Article VIII, Section 1.a. and c. are adopted.</p>	<p>The Bylaws committee does not recommend adoption of this proposed change for the reason presented in Article VIII, Section 1.a. and c.</p>
	<p>Submitted by New Mexico Board of Nursing</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article IX – Board of Directors Section 2. Duties of Board of Directors r. none present</p>	<p>Article IX – Board of Directors Section 2. Duties of Board of Directors Add: r. publish an annual report of the Council Submitted by New Mexico Board of Nursing</p>	<p>Member Boards and interested parties should have a concise report of the National Council that brings together information, now available in brochures, minutes, financial reports and convention materials. The report will be useful as a way to compare the National Council's progress from year to year and to highlight achievements. The report need not be expensive, but would involve the cost of production and distribution. The Board of Directors would have the responsibility for publication, therefore could control the cost.</p>	<p>The Bylaws Committee recommends the adoption of this proposed change.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article X, Section 1 – Committees</p>	<p>Article X, Section 1 – Committees Add the following: "There shall be the following standing committees: finance, bylaws, examination, administration of examination, nursing practice and standards, and research and development." Submitted by Oklahoma Board of Nursing</p>	<p>This change provides for the appointment of a new research and development committee.</p>	<p>The Bylaws Committee does not recommend adoption of this proposed change. Though the committee agrees with the concept, it's not critical to establish such a committee presently. It would be more appropriately considered in a total revision of the Bylaws Committee in FY 87 pending the approval of the 1986 Delegate Assembly.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article X – Committees Section 5. – Finance Committee</p> <p>a. Composition The finance committee shall be composed of at least three members including the treasurer as chairperson.</p>	<p>Article X – Committees Section 5.</p> <p>a. Composition The finance committee shall be composed of six members, including the treasurer as chairperson.</p> <p>Submitted by New Jersey Board of Nursing</p>	<p>Makes committee membership consistent with other committees.</p>	<p>The Bylaws Committee does not recommend adoption of this proposed change.</p>

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee's Recommendation
<p>Article X, Section 10 – None Present</p>	<p>Article X, Section 10</p> <p>Add new sections as follows:</p> <p>A. "Composition" "The Research and Development Committee shall be composed of at least four members who shall represent each regional area."</p> <p>B. "Duties" "The Committee shall:</p> <ol style="list-style-type: none"> 1) review research proposals; 2) propose new research studies; 3) prepare abstracts of completed research studies; 4) communicate the findings of research studies conducted by the Council and Member Boards; 5) maintain a data base of potential sources of funding for research projects; 6) promote research studies; and 7) conduct educational conferences as authorized by the Board of Directors or Delegate Assembly." <p>Submitted by Oklahoma Board of Nursing</p> 	<p>These sections set forth the composition and functions of the Research and Development Committee.</p>	<p>The Bylaws Committee does not recommend adoption of this proposed change at this time for the reason stated under consideration of Article X, Section 1.</p>

Current Standing Rule	Proposed Standing Rule Change	Rationale	Bylaws Committee's Recommendation
Standing Rule I – Definitions and Membership A. None Present	Standing Rule I – Definitions and Membership A. Definitions 1. “Convention” means an annual session of the Council. (Article VIII Section 3). The Delegate Assembly meets during a convention. 2. “Delegate Assembly” means the legislative, policy making and voting body of the council. (Article VIII Sections 1a and 2). Member Boards designate delegates to the Delegate Assembly which may meet in regular or special sessions. 3. “Officer” means any member of the Board of Directors (Article V Section 1). 4. “Session” means a meeting which, though it may last for days, is virtually one meeting. 5. “Meeting” means an assemblage of the members of a deliberative assembly for any length of time during which there is no separation of the members except for a brief recess.	These terms are the most easily confused. It would be helpful to readers of the Bylaws, staff and committees to have a single, accessible source of definitions.	The Bylaws Committee does not recommend the adoption of this proposed change at this time. These definition changes would be appropriately considered in a Bylaws revision as projected for FY 87 pending the approval of the Delegate Assembly.
	Submitted by Minnesota Board of Nursing		

102	Current Standing Rule	Proposed Standing Rule Change	Rationale	Bylaws Committee's Recommendation
	Standing Rule III – Officers C. None Present	Standing Rule III – Officers C. Qualifications Nurses employed by or for Member Boards as stated in Article V Officers, Section 2 Qualifications, of the Bylaws shall not include a member of Member Boards whose term on the Member Board ends unless the former member becomes a permanent employee of the Member Board. The term "permanent" shall have the same meaning as "regular" or similar terms which designate employment which is not classified as temporary, intermittent or seasonal. Submitted by Minnesota Board of Nursing	This rule is needed to clarify the status of elected members of the Board of Directors whose appointment to a Member Boards ends during the term of office. During the past four years this situation has occurred four times, each time creating confusion among the parties. By describing the conditions under which the member may continue on the Board of Directors, that member and the Board of Directors will know how to process such changes.	The Bylaws Committee recommends the adoption of this proposed change because of the need to clarify this issue.

Current Standing Rule	Proposed Standing Rule Change	Rationale	Bylaws Committee's Recommendation
<p>Standing Rule VII – Board of Directors B. not present</p>	<p>Standing Rule VII – Board of Directors</p> <p>B. Annual Report The annual report shall contain at least the following information.</p> <ol style="list-style-type: none"> 1. A listing of: <ol style="list-style-type: none"> A. Member Boards B. Board of Directors and committee members C. staff — regular and consultant D. publications; 2. Major activities of the National Council including the Delegate Assembly, the Board of Directors and standing and special committees; and 3. The financial condition of the National Council including a list of all National Council fees and the examination fees. 	<p>The above topics are those necessary to describe the organization and its status and are needed if comparisons are to be made at a later date. The list is minimal and can be expanded by the Board of Directors whenever it is appropriate.</p>	<p>The Bylaws Committee recommends the adoption of this proposed change.</p>
	<p>Submitted by Minnesota Board of Nursing</p>		

**Current
Standing Rule****Proposed Standing
Rule Change****Rationale****Bylaws Committee's
Recommendation**

Standing Rule VI –
Annual Convention and
Delegate Assembly

B. When extensive Bylaw changes are proposed, provision shall be made for a forum to discuss proposed changes and a full day or one-half day shall be added to the convention for the purpose of presentation and action on this agenda item.

Standing Rule VI –
Annual Convention and
Delegate Assembly

Delete:

B. When extensive Bylaw changes are proposed, provision shall be made for a forum to discuss proposed changes and a full day or one-half day shall be added to the convention for the purpose of presentation and action on this agenda item.

Reletter subsequent paragraphs.

This section is no longer needed because the convention regularly includes forums on major issues appearing on the agenda. In 1985 the Delegate Assembly voted to extend the length of the convention for a specific purpose. We believe the Board of Directors should see the length of the convention each year based on their best collective judgments so that there is adequate time for discussion and action.

The Bylaws Committee recommends adoption of this proposed change.

Report of Examination Committee

Recommendations

1. The Committee recommends that a policy be instituted for scoring whereby a passing score will be reported as "pass" and a failing score will be reported numerically along with the diagnostic profile.
2. The report will be appended to include recommendations addressing the potential need to revise the RN Test Plan as indicated by results from *A Study of Nursing Practice and a Job Analysis and Role Delineation of Entry Level Performance of Registered Nurses*.

Meeting Dates

During Fiscal Year 1986, the Examination Committee met at CTB/McGraw-Hill in Monterey, California, a total of four times: September 30-October 4, 1985; November 11-13, 1985; March 23-27, 1986; June 2-6, 1986. The Chairperson met with the Panels of Content Experts as the Examination Committee representative on July 8-12, 1985 (PN) and September 9-13, 1985 (RN).

Test Development Activities

The following test development activities were completed:

1. Adopted NCLEX-PN, Form 486, and approved 180 items to be administered as tryout items with Form 486.
2. Adopted NCLEX-RN, Form 786, and approved 360 items to be administered as tryout items with Form 786.
3. Adopted NCLEX-RN, Form 086 and approved 180 items to be administered as tryout items with Form 086.
4. Adopted NCLEX-RN, Form 287 and approved 360 items to be administered as tryout items with Form 287.
5. Adopted Confidential Directions for:
 - a. Practical Nursing item writing sessions.
 - b. Registered Nursing item writing sessions.
 - c. NCLEX-RN, Form 086 – October 1986
Form 487 – April 1987
 - d. NCLEX-RN, Form 786 – July 1986
Form 287 – February 1987

6. Evaluated and took action on Review Draft Items as follows:

Registered Nursing Review Draft Items

Written	Reviewed by Member Boards	Number Evaluated by Exam. Comm.	Approved for tryout	Omitted	Referred to
February 1985	Spring 1985	318	288	25	5 to item writers

7. Evaluated the Panel of Content Experts for process and productivity:

a. PCE – RN

1. 399 items were reviewed
 - 271 items written in June 1985
 - 114 items from Form 484
 - 14 items from Spring 1985 review drafts
2. 361 items were approved for testing

b. PCE – RN

1. 594 items were reviewed
 - 363 items written in August 1985
 - 231 compromised items
2. 531 items were approved for testing

8. Evaluated licensing examinations following administration. This included a review of item performance, passing score, mean score, standard deviation, reliability, difficulty level, passing score, ability estimate. The following Forms were evaluated:

- a. NCLEX-PN, Form 485.
- b. NCLEX-RN, Forms 285 and 785.
- c. The Examination Committee reviewed a preliminary statistical report for NCLEX-PN 085.

9. Evaluative reports regarding the Registered Nursing and Practical Nursing item writing sessions were received. Recommendations were made and action was taken.

Related Activities

1. Reviewed items from California LVN test pool for possible inclusion in NCLEX-PN item pool.
2. Developed a new procedure to better screen and select potential item writers.
3. Completed the document on the Knowledge, Skills and Abilities statements for the Practical Nursing test plan.
4. Participated in the evaluation of the test service.
5. Established goals and objectives for 1986-87 (See attachment).
6. Revised the committees Policies and Procedures 1986-87.
7. Developed a report and suggested recommendations on the Pass/Fail Score option.

Motion

The Committee moves adoption of the recommendations stated at the beginning of the report.

Committee Members

Joan C. Bouchard, Wyoming, Area I
Dorothy Chesley, Texas, Area III
Terry L. De Marcay, Louisiana, LPN Board, Area III
Tricia Hunter, California, Area I
Harriet L. Johnson, New Jersey, Area IV, Chair
Irene Sage, North Dakota, Area II

Alternates

Karen Brumley, Virginia
O. Patricia Diamond, Kansas
**Samandra Jones, Virginia
*Richard Sheehan, Maine
**Rosa L. Weinert, Ohio

*Participated in the September 1985 Examination Committee meeting
**Participated in the March, 1986 Examination Committee meeting

Examination Committee Goals and Objectives for 1986-1987

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Goal 1:

Monitor the licensing examinations according to established policies and procedures.

Objectives:

Working cooperatively with Test Service staff.

1. Develop confidential directions for item writing sessions to meet the needs of the pool.
2. Develop confidential directions for forms of the examinations.
3. Approve forms of the examinations which meet the test plan specifications and established criteria.
4. Approve items for tryout according to established criteria.
5. Evaluate licensing examinations after administration according to established criteria.
6. Evaluate the process used by the Panel of Content Experts utilizing established criteria.
7. Represent Examination Committee at Panel of Content Expert Session.
8. Continue to monitor the effectiveness of the diagnostic profiles.
9. Evaluate the reliability of the NCLEX-RN relative to the reduction in the number of test items using established criteria.
10. Continue to monitor current trends in the health care delivery system relative to content and face validity of examination items.
11. Review and revise policies and procedures.
12. Evaluate process by which item writers are selected according to established criteria. (1986-87)
13. Select item writers using established criteria.
14. Review periodic progress reports on the development of C.A.T. as it relates to the Examination Committee.
15. Review and revise NCLEX-RN test plan based on results of ACT job analysis.
16. Plan for additional meetings as needed in relationship to test plan revision.

Goal 2:

Disseminate information about the licensing examinations.

Objectives:

Develop an audiovisual program regarding the process of test development for use by Member Boards.

Goal 3:

Develop policy of reporting NCLEX scores as Pass/Fail and present to Delegate Assembly in 1987.

Objectives:

1. Conduct survey of jurisdictions for input on a pass/fail grading option.
2. Survey other professional licensing groups using pass/fail grading in regards to rationale for pass/fail grading and problems encountered in implementation.
3. Determine pros and cons of adopting pass/fail grading for NCLEX.
4. Explore use of current NCLEX scores for purposes other than occupational licensure.

Addendum to the Report of Examination Committee
(will be provided in Addendum)

Report of Administration of Examination Committee

Recommendations

1. The committee recommends the following dates for the 1996 administration of the NCLEX examinations: RN, February 6-7 (T-W) and July 9-10 (T-W); PN, April 17 (W) and October 16 (W).
2. The committee recommends as alternate dates for the 1996 administration of the NCLEX examinations, in case of disaster, the following: RN, March 6-7 (W-Th) and September 10-11 (T-W); PN, May 14 (T) and November 12 (T).
3. The Committee recommends the following changes in NCLEX administration dates: RN, from July 10-11, 1990, to July 11-12 (W-Th) due to the 10th being a Jewish fast day; PN, from October 15, 1991, to October 16 (W) as October 14 is Columbus Day, a national holiday; PN, from October 18, 1995, to October 24 (T) because the 18th is a state holiday.
4. The committee recommends that the revisions in the Security Measures in Attachment A to this report be approved.
5. The committee recommends that the proposal for Review and Challenge of a Licensure Examination by Failure Candidates in Attachment B to this report be approved.

Meeting Dates

The committee had one conference call and met three times: October 21-23, 1985; January 13-14, 1986; and April 1-3, 1986.

Activities

The 1983 Delegate Assembly assigned the committee the responsibility to study procedures for candidate review and appeal of examination questions and to make recommendations to the Delegate Assembly by 1986. The proposal for Review and Challenge of a Licensure Examination by Failure Candidates and a Fact Sheet, which outlines the committee's activities, are attached to this report as Attachment B.

The committee received two assignments from the Board of Directors: to identify the cause and the ramifications of one Member Board's problems which resulted in delays in processing examination results for 285, 485, and 785 and to identify steps to prevent the reoccurrence of a shipping problem experienced in one jurisdiction. After study and discussion of these matters, the committee identified specific problems and recommended to the Board of Directors that Member Boards who convert from the direct application system to tapes or who revise their tape system hold an advance plenary meeting with the test service and submit documentation that the contract specifications for tapes have been met; that the contract require that any costs incurred by NCSBN or the test service as a result of tape problems that are the Member Board's fault be reimbursed by the Member Board; and that Member Boards who ship test booklets to test administration sites within the state designate someone at each site who will assume responsibility for the receipt and secure storage of the shipment. (The last recommendation is included in a proposed addition to the Security Measures.)

In carrying out the duties of the committee as specified in the National Council Bylaws, the following activities were accomplished:

1. Reviewed the Security Measures and determined that revisions were necessary in order to clarify that inventories are to be conducted jointly by two persons; that a person must be designated to receive and place into secure storage a shipment of test booklets when a jurisdiction ships booklets to one or more test administration sites; and that LPN/LVN Board members who are enrolled in an RN program or who are candidates for NCLEX-RN shall not be allowed to participate in NCLEX-RN reviews.
2. Evaluated procedures proposed by the Test Service for item writing by mail. The procedures were approved contingent upon incorporation of recommendations relative to notes made during the item writing process, a "secure" area for writing, and shipment of materials to the test service.
3. Approved revisions in Security Measures for 8 jurisdictions and reviewed the procedures to implement the Security Measures from 16 jurisdictions. The Committee recently prepared guidelines for the development and evaluation of procedures to implement the Security Measures. Originally, the committee had planned to develop sample procedures and separate criteria to evaluate procedures. However, the committee determined that guidelines rather than sample procedures would better assist Member Boards to address their particular circumstances. The new guidelines will be sent to the Member Boards and will be implemented and evaluated this next fiscal year.
4. Investigated each alleged failure to maintain security, as well as reported irregularities that occurred during examination administration. The committee requested and reviewed the procedures to implement the Security Measures in all instances and recommended that the Board of Directors issue two reprimands as a result of investigations.
5. Reviewed the adopted dates for examination administration for conflicts with national, state, and religious holidays and for dates following a holiday. The committee is proposing three changes in dates due to identified conflicts. The committee selected examination administration dates for 1996 after careful review.
6. Did not conduct nor request to conduct any educational conferences.

Additionally, the committee accomplished the following activities:

1. Evaluated and revised the Manual for Administration of the Examination to address the use of lot labels on return shipments and to clarify instructions relative to the pink copy of the packing list; the need for two persons to jointly conduct inventories; and the possible presence of questions on the back page of the test booklet. The statement that the candidate should answer every question even if he or she were not certain of the answer was deleted.
2. Reviewed and approved National Council staff authorization for 23 handicapped candidates from 12 jurisdictions (dyslexia, 6; reading disability, 6; learning disability, 5; visual impairment, 3; quadriplegic, 1; hearing impairment, 1; visual impairment and learning disability, 1). Authorizations were for: additional time, 21; reader, 8; recorder 2. A definition of a handicapped individual was adopted from the Rehabilitation Act of 1973 for inclusion in the procedure.
3. Deleted the orientation process for new Member Board staff persons who have responsibility for examination administration as the information that was being sent is in the National Council Manual and the personal contact by committee members was not as effective as anticipated.

4. Reviewed reports from the National Council and the Test Service following each examination administration. Jurisdictions were notified when procedures and deadlines were not followed. When a problem was repetitive, an explanation and action to prevent a reoccurrence was requested. The Committee also responded to questions, concerns, and recommendations from Member Boards.
5. Reviewed handscoring policies and costs and determined that the costs are reasonable. Recommended to the Board of Directors that early handscoring be deleted as the scores for early handscoring are released about the same time as the scores for routine handscoring.
6. Evaluated the ink colors for printing test booklets in response to complaints and selected violet to replace the deep blue.
7. Reviewed the Candidate Information Brochure and determined that more relevant information could be provided in a booklet. Content was identified and information relative to costs will be obtained when the number of pages is determined.
8. Determined that jurisdictions requesting a Test Administration Agency must have procedures to implement the Security Measures approved and the presence of knowledgeable persons at testing sites during the first examination administration confirmed before the TAA will be approved.
9. Revised the Packet Control Sheet to clarify the times and persons involved in the counts of test booklets from the time that the shrink wrap is removed until the booklets are placed in plastic bags for return shipments.
10. Reviewed and approved procedures to prevent the visibility of test questions on the back page in a packet of shrink-wrapped booklets.
11. Evaluated the test service on special forms prepared for that purpose.
12. Reviewed all committee documents and procedures and revised them as necessary to reflect changes in procedures.
13. Established Goals and Objectives for 1986-1987. (Refer to Attachment C)
14. Proposed a budget for 1986-1987 that would provide for three meetings, a conference call, and the travel expenses for the chairperson to attend the Delegate Assembly.

The committee has not yet formally initiated research into the development of Security Measures for computer-adaptive testing as they are awaiting approval of the grant for computer-adaptive testing.

Motion

The Committee moves adoption of the recommendations stated at the beginning of the report.

Respectfully submitted by

Leola Daniels, Chairperson, Idaho, Area I

Committee Members

Virginia Allen, New York, Area IV
 Dolores Brown, Indiana, Area II
 Leola Daniels, Idaho, Area I
 Ann McAferty, Washington, Area I
 Gail McGill, Alaska, Area I
 Cynthia Purvis, South Carolina, Area III

Attachment A: Report of AEC
Security Measures

Standards	Board of Nursing Information
<p>VIII. RECEIPT, INVENTORY, STORAGE AND TRANSPORTATION of TEST BOOKLETS</p> <p>B. There shall be at least two persons who shall jointly conduct an inventory of the containers of test booklets.</p> <p>J. There shall be at least two persons jointly conducting the inventory of the packets at least one week prior to the administration of the examination.</p> <p>N. When the jurisdiction ships test booklets to one or more test administration sites, there shall be a person designated at each site who shall assume responsibility for the receipt and secure storage of the shipment.</p> <p>V. ADMINISTRATION OF THE EXAMINATION</p> <p>D. 1. At the time the shrink wrap is broken on the packet of test booklets, two people shall jointly conduct an inventory of all the test booklets in the packet.</p> <p>M. The test booklets shall be returned to the designated member of the examination team and inventoried jointly by two individuals. One of the individuals performing the inventory of the packet of test booklets shall be the assigned proctor who received and inventoried the packet and who distributed the test booklets to candidates.</p> <p>P. A content and container inventory of test booklets shall be conducted jointly by two individuals prior to returning the containers to secure storage or prior to shipment.</p> <p>VIII. REVIEW OF POTENTIAL TEST ITEMS</p> <p>B. There shall be at least two persons who shall jointly conduct an inventory of the review drafts received.</p>	<p>II. B. There are at least two persons who jointly conduct an inventory of the containers of test booklets.</p> <p>II. J. There are at least two persons jointly conducting the inventory of the packets at least one week prior to the examination.</p> <p>II. N. Persons designated to receive and place shipments of test booklets in secure storage are identified.</p> <p>V. D. 1. At the time the shrink wrap is broken on the packet of test booklets, two people jointly conduct an inventory of all the test booklets in the packet.</p> <p>V. M. Test booklets are inventoried jointly by the designated member and the assigned proctor.</p> <p>V. P. A content and container inventory of the containers is conducted jointly by two persons prior to returning the containers to secure storage or prior to shipment.</p> <p>VIII. B. There are at least two persons who jointly conduct the inventory.</p>

Standards

- I. Only Board members and authorized nurse employees shall be present for the review.
1. **An LPN/LVN Board member who is enrolled in an RN program shall not be allowed to participate in the NCLEX-RN reviews.**
 2. **An LPN/LVN Board member who is a candidate for NCLEX-RN shall not be allowed to participate in the NCLEX-RN reviews.**

IX. REVIEW OF TEST BOOKLETS FOLLOWING ADMINISTRATION

- C. There shall be at least two persons who shall **jointly** conduct an inventory of the number of test booklets received.

IX. REVIEW OF TEST BOOKLETS FOLLOWING ADMINISTRATION

- J. Only Board members and authorized nurse employees shall be present for the review.
1. **An LPN/LVN Board member who is enrolled in an RN program shall not be allowed to participate in the NCLEX-RN reviews.**
 2. **An LPN/LVN Board member who is a candidate for NCLEX-RN shall not be allowed to participate in the NCLEX-RN reviews.**

Board of Nursing Information

VIII. 1.

Only the specified authorized persons attend and participate in the reviews.

IX. C.

There are at least two persons who **jointly** conduct the inventory.

IX. J.

Only the specified authorized persons attend and participate in the reviews.

Review and Challenge of a Licensure Examination by Failure Candidates

The National Council of State Boards of Nursing, Inc. will cooperate with a Member Board's request for a review and/or challenge of a licensure examination made on behalf of a candidate in accordance with the jurisdiction's legal provisions. The review and/or challenge is conducted under conditions, which, in the judgment of the National Council of State Boards of Nursing, Inc., will not adversely affect the security of the examination. 115

I. REVIEW PROCESS

- A. **Definition.** Review is a candidate's inspection of own examination for the purpose of confirming raw score by comparing own answers with key or looking at content of the examination.
- B. **Procedure.** The procedure for review is as follows:
1. Unless countermanded by state law, only the individual candidate and a Board representative who shall be a professional staff member or a member of the Board shall be present, except that if a reader were approved for examination administration, a reader may be present for the review.
 2. The review shall be held in a separate, secure room.
 3. Test booklets, answer key, location of tryout items, and identification of eliminated real items will be made available to the candidate during the review.
 4. The score conversion scale and the raw passing score will be available to the Board representative.
 5. An amount of time equal to one half the examination administration time shall be allowed for the review.
 6. No photographing, copying, or electronic record shall be made of examination content. All notes taken during the review process will be recorded on paper provided by the Member Board and retained by the Member Board upon completion of the session. No writing or marks shall be made on the examination booklets.
 7. Each candidate will be permitted only one review per licensure examination.
- C. **Member Board's Responsibilities.** The Member Board shall:
1. Inform candidates of the jurisdiction's review and challenge policies, which will include a statement that a Board representative cannot answer questions or provide additional information during the review process.
 2. Submit to the National Council an official request, including the fee, on behalf of the candidate.
 - a. Unless state laws require otherwise, the request shall be received by the National Council by the later of:
 1. 6 months of release of examination score to the candidate, or
 2. 30 days of release of handscore results to the candidate.
 3. Submit detailed written procedures providing for:
 - a. receipt, inventory and storage, transport, and return shipment of test booklets in accordance with security measures.
 - b. submission of a Compliance Report to the National Council following the review.
 4. Submit documentation that all individuals present during a review will be legally precluded from disclosing the contents of any portion of the examination.
 5. Submit such other agreements and information as are deemed necessary by NCSBN.

- D. National Council's Responsibilities.** The Administration of Examination Committee shall:
1. Approve the Member Board's review procedures when they conform to National Council security requirements.
 2. After being satisfied that the circumstances for conducting the review will not compromise the confidentiality of the examination, authorize the test service to make available to the Member Board test booklets, answer key, identification of tryout and eliminated items, conversion scale, and raw passing score.

II. EXAMINATION CHALLENGE

A. Definition. Challenge of an examination is the candidate's objection to questions and/or answers on an examination.

B. Procedure. The procedure for a challenge is as follows:

1. Unless countermanded by state law, the challenge must be initiated and completed during the time period allotted for the review.
2. The candidate will complete a "Challenge of NCLEX" form in the presence of the Board representative indicating the nature of the challenge. Challenge may be made of the stem of a question, the correct answer, or possible responses.
3. The candidate will identify on the "Challenge of NCLEX" form:
 - a. the question numbers
 - b. nature of the challenge
 - c. rationale for challenge.
4. **The specific language of the stem or the response shall not be identified on the "Challenge of NCLEX" form.**
5. The form will be completed in triplicate. One copy will be:
 - a. given to the candidate
 - b. given to the Member Board
 - c. sent to the National Council.

C. Member Board's Responsibilities. The Member Board shall:

1. Explain the procedure to candidates and warn them not to include the specific language of the stem and responses on the challenge form.
2. Forward the fee and the completed form to the National Council within two weeks of the review session at which a challenge is made.
3. Report the National Council's response to the candidate.

D. National Council's Responsibilities. National Council staff shall:

1. Refer the challenge to the Examinations Committee, Test Service, or other appropriate group for a response.
2. Refer all responses to the Board of Directors for a decision. The Board of Directors shall authorize regrading of the examinations of all candidates whose scores could change from fail to pass if experts determine that a specific objection is valid and credit will be allowed. The National Council staff will notify the Member Board if a candidate's score changes from fail to pass.
3. Report the decision to the Member Board within 90 days of receipt of the challenge. All decisions reported by National Council will be final.

CHALLENGE OF NCLEX

NCLEX-RN _____
NCLEX-PN _____

Candidate's Name _____

Candidate's ID # _____

Booklet # _____
 1 2 3 4

Date of Examination _____

TEST ITEM		CHALLENGE TO:		RATIONALE FOR CHALLENGE
Number	Stem of Question	Correct Answer	Possible Responses	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: The specific language of the stem or the response may not be included on this form.

I understand this challenge will be sent to the NCSBN upon receipt of the required fee of _____ and that I will receive a response.

Candidate Signature

Date

Board Representative Signature

Date

Fact Sheet for Review and Challenge Policy

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Delegate Assembly Action:

- June 1982 Motion passed that Administration of Examination Committee (AEC) be directed to present to the Delegate Assembly in 1983 a procedure defining the circumstances under which a failure candidate may review the examination and stipulating related procedures to safeguard the security of the examination.
- August 1983 Approved the AEC proposed policy for review of a licensure examination by a failure candidate only if the jurisdiction was required by law to provide the review.
- Adopted a resolution recognizing that provisions for candidate review and appeal of examination questions should be studied and that a procedure for review and appeal be proposed to the Delegate Assembly by 1986.

Committee Activities:

- 10/83-5/84 Contacted 33 organizations for information; received 17 responses. No organization had a well-delineated procedure.
- Consulted with National Council legal counsel.
- 10/84-5/85 Conducted a literature search regarding testing disclosure and appeal mechanisms. No pertinent information was identified and the search indicated that little had been written on the topic.
- Sent questionnaires to Member Boards. The results indicated that in 1984 Member Boards had received 31 requests for review of NCLEX-RN and 14 requests for review of NCLEX-PN, but that no Boards had received requests for appeal of a licensure examination; that through provisions in statute, attorney general's opinions, administrative procedures acts and a registration act, 8 states permitted review and appeal and 2 states permitted review only. Thirty-one other health regulatory boards in 15 states permitted review and appeal and 6 boards permitted review only. These other health regulatory boards had received requests in 1984 for 103 review and for 45 appeals. The parameters for their review and appeal were not clearly identified.
- Identified and discussed pros and cons of review and appeal.
- Determined that legal challenges for review and appeal would probably increase and that the primary concerns were related to security of the examination questions and to respect for the rights of candidates.
- 10/85-1/86 Developed a review and appeal policy statement that was shared with 12 Member Boards for comment.
- Consulted with National Council legal counsel, reviewed Member Board's comments, and redrafted the statement.
- Requested that the statement be evaluated by the Board of Directors, National Council legal counsel, test service, Examination Committee and Member Boards attending Area meetings.

Noted that since adoption of the review procedure in 1983, the National Council has had 4 requests for review but that only 3 have actually taken place (two with items covered and one with items uncovered).

April 1986 Based on information received from CTB and the National Council, determined that fees be set as follows:

Review: RN (4 test books) \$215.00

PN (2 test books) \$160.00

Challenge: administrative fee \$90.00
charge per item challenged \$110.00

Intent of the Review and Challenge Policy

Member Boards offering review and challenge must have legal provisions through board rules or formal board policy, administrative procedures acts, attorney general's opinions, and/or statute. The AEC recommends that Member Boards inform candidates of the **current** quality assurance mechanisms and procedures available, including the availability of handscoring and the fact that the same examination will not be re-administered.

Member Boards will inform failure candidates of their policy. Some boards may restrict the review to a request for handscoring and allow the review of the test booklets only upon legal action by the candidate. Other boards may restrict the review to a candidate who might pass the examination if an error were identified.

Only the failure candidate may review the examination booklet and prepare the challenge. The period of time for the review is limited; only one review is permitted. Only one candidate and a board representative are permitted per room except that if a reader was approved for examination administration, a reader may be present for the review. And the challenge must be completed at the time of the review.

The National Council will assess a fee for the review and an additional fee for the challenge. A Member Board may charge additional fees.

A Member Board's procedures must be approved by AEC before booklets and other materials will be released. A decision from the Board of Directors in response to a challenge cannot be contested further by the candidate.

Administration of Examination Committee Goals and Objectives for 1986-1987

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Goals	Objectives	Suggested Strategies
<p>I. To safeguard the security of the licensure examination.</p>	<p>A. To recommend to the Delegate Assembly changes or modifications in the criteria and procedures for maintaining security of the licensing examination.</p> <p>B. To evaluate the Manual for Administration of the Examination prior to each printing.</p> <p>C. To evaluate the compliance of Member Boards and the Test Service with established criteria and procedures for maintaining the security of the licensing examination.</p> <p>D. To recommend dates for administration of the examination.</p>	<ol style="list-style-type: none"> 1. Review the Security Measures and suggested procedures to implement the Security Measures at least annually. 2. Develop proposed changes in the Security Measures for presentation to the Delegate Assembly as the need arises. 3. Initiate research into the development of security measures for computer-adaptive testing. <ol style="list-style-type: none"> 1. Consider recommendations for revisions in the manual from Member Boards and Test Service. 2. Revise the manual as necessary for clarification and to address problems identified relative to examination administration. <ol style="list-style-type: none"> 1. Randomly select at least one Member Board from each area annually for review of procedures to implement the Security Measures. 2. Review Member Board's procedures to implement the Security Measures if there is a report of a break in security or of inadequate security. 3. Evaluate committee policies and procedures annually and revise as necessary. 4. Implement and evaluate the committee guidelines for review of jurisdiction procedures for implementing the Security Measures. <ol style="list-style-type: none"> 1. Select dates for examination administration at the fall meeting. 2. Have dates reviewed for conflicts with religious holidays and other dates that might cause conflicts for candidates. 3. Present dates to the Delegate Assembly for adoption.

Goals	Objectives	Suggested Strategies
<p>I. To safeguard the security of the licensure examination. <i>(continued)</i></p> <p>II. To investigate alleged failure to maintain the security of the licensing examination.</p>	<p>E. To evaluate procedures for responding to the needs of handicapped candidates.</p> <p>F. To evaluate other related examination administration materials. (Candidate Brochure, Score Reports, etc.)</p> <p>A. To investigate all matters relating to aberrant behavior in examination administration, loss of a test booklet, failure to follow the contract and/or Security Measures, shipping/transportation problems, and storage problems.</p>	<ol style="list-style-type: none"> 1. Evaluate criteria and approval procedures at least annually and modify or recommend modification as necessary. 2. Review and accept National Council staff approvals. 3. Refer requests for modification in test materials to the Test Service. 4. Prepare a summary report for the Board of Directors and the Delegate Assembly of the number and types of approvals granted. <ol style="list-style-type: none"> 1. Review the materials at least annually. 2. Recommend changes and revise as necessary. <ol style="list-style-type: none"> 1. Review Compliance Report Forms, Damage/Tampering Report Forms, and other reports to determine deviations that warrant further investigation. 2. Review written information and materials and evaluate compliance with the contract, Security Measures, the Manual for Administration of the Examination and other defined criteria. 3. Request approval to conduct (and make) site visits as deemed necessary. 4. Submit a written report of each investigation to the Executive Director and the Board of Directors. 5. Recommend to the Board of Directors that letters of concern or letters of reprimand be sent to Member Boards as appropriate. 6. Evaluate reporting forms annually and revise as necessary. 7. Evaluate policies and procedures for investigation of violations of the contract and/or Security Measures annually and revise as necessary.
<p>III. To conduct educational conferences</p>	<p>A. To identify needs for educational conferences and to request authorization from the Board of Directors or Delegate Assembly as the need arises.</p>	<ol style="list-style-type: none"> 1. Request budget as necessary.

Report of Nursing Practice and Standards Committee

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Recommendation

The committee recommends that the Delegate Assembly approve the formulation of a position statement on activities of unlicensed personnel — particularly administration of medication by unlicensed personnel — for consideration by the 1987 Delegate Assembly of the National Council.

Meeting Dates

The committee met three times: December 8-10, 1985, February 12-14, 1986, and March 24-26, 1986. The committee was designated by the Board of Directors to investigate the degree of problems present in each jurisdiction concerning assistance with medications by unlicensed personnel. The charge to investigate the problem was a direction of a motion by the 1985 National Council Delegate Assembly.

Activities

The committee accomplished the following activities:

- (1) Completed work on a Position Paper on Advanced Practice (Attachment A)
 - (2) Completed work on Guidelines on Entry Into Nursing Practice (Attachment B)
 - (3) Completed work on a Report on the Activities of Unlicensed Personnel (Attachment C)
- This report was completed following a survey of Member Boards in January of 1986.

Additionally, the Committee worked on the following:

- (1) Guidelines for the Impaired Nurse
- (2) Beginning review of the *Model Nursing Practice Act* and the *Model Administrative Rules and Regulations for Nursing*

Committee objectives for 1986-1987 are as follows:

- (1) To continue work on studying the role of boards of nursing in their responsibility to the public's health, safety, and welfare in relation to Guidelines for the Impaired Nurse;
- (2) To prepare a position statement on activities of unlicensed personnel, particularly administration of medication by unlicensed personnel, if so directed by the Delegate Assembly;
- (3) Review for possible revision the *Model Nursing Practice Act* and the *Model Administrative Roles and Regulations for Nursing*; and
- (4) To begin work on standards of practice criteria and process.

Respectfully submitted by

Dr. Therese Sullivan, Montana, Area I
Chairperson

Committee Members

Judy Gillum, New Mexico, Area I
Marilyn Graham, Florida, Area III
Dr. Rena Lawrence, Pennsylvania, Area IV
Sr. Lucie Leonard, Louisiana R.N., Area III
Ann Mowery, Iowa, Area II

Position Paper on Advanced Clinical Nursing Practice

Purpose:

The purpose of the National Council of State Boards of Nursing in formulating this position statement is to provide guidance to jurisdictions regarding the regulation of advanced clinical nursing practice.

Introduction:

As nursing practice has evolved, a variety of legal regulations and professional criteria have developed for the practice of advanced clinical nursing.

Legal regulations are the responsibility of legislators and boards of nursing. The legislature in each jurisdiction has the power to enact nursing practice legislation. Each board of nursing has the authority to promulgate regulations to implement the nursing statutes in accordance with its interpretation of what constitutes the protection of the health, safety, and welfare of the citizens of its respective jurisdiction.

Advanced clinical nursing practice is a concept varying greatly in interpretation and regulation. Nursing practice statutes and administrative regulations ranging from no provision to detailed statutory and regulatory control. At the present time, approximately 42 jurisdictions give legal recognition to some level(s) of advanced clinical nursing practice.¹

The profession, on the other hand, has endeavored to recognize advanced nursing practice through the mechanism of voluntary certification. Currently there are at least 16 nursing organizations offering 35 certification programs each with specific education and practice requirements.²

Some of these certification programs represent advanced clinical nursing practice and some represent selected advanced skills in a particular clinical area. The professional criteria and legal regulations in effect today for advanced clinical nursing practice are largely the result of pressure brought about by groups of nurses rather than sound policymaking. There is an assortment of requirements for certification rather than standards affecting all specialties, and there is also an assortment of legal regulations in many states. Consequently, there is confusion for both nurses and the public.

Definition of Advanced Clinical Nursing Practice

Advanced clinical nursing practice is the practice of nursing at a level which requires substantial theoretical knowledge in a specialized area of nursing practice and proficient clinical utilization of this knowledge in implementing the nursing process. The competencies of specialists include the ability to assess, conceptualize, diagnose, and analyze complex problems related to health. Credentials for a specialist require current licensure as a registered nurse, at least a master's degree in nursing, current national certification in the advanced practice area, and approval by the board of nursing.^{3,4}

Premises:

1. Because of the dynamic nature of nursing, all nurses must constantly increase their knowledge and skills. However, there is a point at which the complexity of nursing practice exceeds the prevailing knowledge and skill level attainable by the generalist. At that point, nursing practice is at an advanced level and requires academic

preparation at the graduate level in nursing to gain the necessary knowledge and skills.

2. The public has a right to know the area of expertise and the qualifications of persons who represent themselves as specialists.
3. The purpose for any regulation of nursing practice is the protection of the public health, safety, and welfare through the promulgation and enforcement of standards. Legal standards that reflect minimum criteria essential to this purpose must be written in specific language to be enforceable.
4. The purpose of professional standards encompasses more than essential minimum criteria. These standards are intended to reflect optimum standards of practice and are written in more general language.
5. Nurses practicing at an advanced clinical level generally include clinical nurse specialists, nurse anesthetists, nurse midwives, and nurse practitioners.

Implications:

Legal Implications that should be Considered in Selecting a Regulatory Approach:

There are several legal implications boards of nursing should consider as they address regulation of advanced clinical nursing practice. If boards of nursing promulgate regulations limiting entry into advanced clinical nursing practice, they become vulnerable to the possibility of legal challenge on two grounds: infringement of constitutional rights and violation of antitrust law.⁵

Regulations which restrict practice can be challenged on the grounds that they prevent nurses without the prescribed qualifications from representing themselves as practitioners of advanced clinical nursing. In drafting advance practice regulations, boards will be well advised to be able to justify as specifically as possible the relationship between the restrictions imposed by the regulations and the public health, safety, and welfare. The more subjective regulations are, the more attention boards must give to assuring strong guarantees of procedural due processes, i.e., notice and the right to be heard, in order to protect against charges of arbitrariness, discrimination, and unreasonableness.⁵

Regulations that control access to a specialty within nursing may have anticompetitive effects. This can give rise to charges of violation of antitrust statutes. In light of current judicial decisions in antitrust suits involving professions, boards should be aware that they will be less open to challenge on antitrust grounds if the regulation of advanced clinical nursing practice is clearly mandated by statute.⁵

Additional antitrust challenges may result from a board's acceptance of credentials conferred by a professional or specialty organization as the basis for advanced clinical practice. Antitrust laws do not prohibit recognition of such credentials but merely require that the final control remain in the hands of the state.⁵

Other Implications that Should be Considered in Selecting a Regulatory Approach:

Limits to Mobility: If the mechanisms chosen to regulate advanced nursing practice vary among jurisdictions, problems for boards of nursing in the endorsement process and for the licensee in geographic mobility will result.

Costs: Individual licensees will be required to bear the cost of compliance with advanced clinical nursing practice regulations. Administrative cost to boards of nursing in initiating and maintaining regulations for advanced clinical nursing practice is likely to be substantial. Any increased cost will ultimately be passed on to the consumer of health care.

Effects of Statutes and of Regulations by Other Administrative Agencies: Boards of nursing should be alert to statutes and to regulation promulgated by other administrative agencies for implications on their own regulations for advanced clinical nursing practice.

Effects on Generic Nursing Practice: The regulation of advanced clinical nursing practice has potential for unduly limiting the practice of nurses who do not meet the requirements for advanced clinical practice.

Relationship to other Professionals: As nurses move into advanced clinical practice, relationships between nurses and other health professions may need to be renegotiated to assure the public health, safety, and welfare.

Alternate Methods of Regulation:

As boards consider alternate methods of regulating advanced clinical nursing practice, there are three major choices: designation/recognition, certification, and licensure.

The least restrictive of these is designation/recognition. This alternative would not limit the right of any nurse to practice. Rather, it would provide the public with information about nurses with special credentials. Under this approach, nurses with state-recognized credentials in a specialty could receive permission from the board of nursing to represent themselves as specialists. The designation/recognition alternative would not involve state inquiry into competence.

Certification as a regulatory mechanism is used to signify that an individual has met state established requirements that include an investigation of competence in an area of advanced clinical nursing practice. Under this mechanism practice would not be restricted as long as noncertified nurses do not represent themselves as state certified.

The most restrictive alternative would be to issue a special license to practitioners of advanced clinical nursing. This method limits practice within the specialty to those nurses who hold such a license. It would have the potential for restricting generalist practice and the normal evolution of basic nursing practice.⁵

Position:

Boards of nursing have the responsibility to assure the health, safety, and welfare of the public by verifying that nurses practice safely and effectively. If the public health, safety, and welfare is not assured by other means, boards of nursing have a responsibility to promulgate regulations for entry into and the practice of advanced clinical nursing. These regulations should be based on the following:

1. Regulations should be in response to a clear statutory mandate.
2. A minimum of masters preparation in a clinical nursing practice specialty should serve as the basis for advanced clinical nursing practice.
3. Boards may use recognition of national certification to identify nurses with the special credentials necessary for advanced clinical nursing practice if it is based on the acquisition of additional knowledge and skills attained through at least masters preparation in a clinical nursing specialty.
4. The preferable method of regulating advanced clinical nursing practice is designation/recognition because it is the least restrictive means for assuring the public health safety and welfare.

References

1. National Council of State Boards of Nursing. *Survey on Advanced Practice*. Fall 1984.
2. Fickeissen, Janet L. "Getting Certified." *AJN*. March, 1985, pg. 265-267
3. American Nurses' Association. *Nursing Social Policy Statement*. 1981.
4. National Council of State Boards of Nursing, Inc. *The Model Administrative Rules and Regulations*. 1983
5. Massaro, Toni M. *Legal Opinion on Advanced Practice*. March 27, 1984.

Guidelines on Entry Into Nursing Practice

Purpose:

The purpose of this paper is to provide guidelines for state boards of nursing regarding regulatory changes for entry into nursing practice in jurisdictions where such changes are being considered.

Introduction:

The national movement for upgrading of nursing education requirements for entry into nursing practice is increasing in momentum. The rationale for changing the educational requirements for nurses is based on the increasing complexity of health care precipitated by the rapid advancement in knowledge and technology, as well as modifications in health care policy.

The practice of nursing by competent persons is necessary for the protection of the public health, safety, and welfare. The identification of the knowledge and skills needed to provide safe and effective nursing care has been delegated to boards of nursing by state legislatures. This tradition dates back to the mandating of the first board of nursing by the North Carolina legislature in 1903. That mandate set the precedent for state legislatures to delegate the identification of the knowledge and skills needed to provide safe and effective nursing care.¹

In addition, boards have been authorized to determine if the minimum essential knowledge and skills needed are found in particular candidates. This minimum essential level of competence in nursing is defined as the ability to perform skillfully and proficiently the functions that are within the legally defined role of the licensee, and to demonstrate the interrelationship of essential knowledge, judgement and skill.^{1,2}

As of 1985 at least 48 states nurses' associations and 20 nursing and health care organizations have taken positions to change the educational requirements for entry into nursing practice. The most widely proposed recommendation has been to change entry requirements designating baccalaureate degree education in nursing for licensure at the professional level and associate degree nursing education for licensure at the technical level. Thus there would be one entry point for each level of licensure. The board of nursing, if these changes occur, will be required to redefine the legal scope of nursing practice.³

Boards of nursing have many responsibilities in regulating entry into nursing practice. These include approving and monitoring educational programs, granting titles, defining scopes of practice, determining appropriate testing, and issuing licenses to successful candidates. Inherent in these responsibilities are legal concepts and mechanisms to be considered such as rights and privileges, endorsement, grandfathering, waiving, and antitrust implications.

Operational Definitions:

Antitrust: A legal term that refers to the anticompetitive effects which may result from the regulatory activities of boards of nursing and which are prohibited by federal and state statutes.

Endorsement: The process by which a nurse who is licensed in one jurisdiction receives licensure in another jurisdiction after the individual's credentials are accepted by the second jurisdiction as meeting the same standards as in effect for applicants within that state.

Entry into practice requirements: Those qualifications established by a jurisdiction which reflect a minimum level of preparation and competence needed by an applicant seeking initial nursing licensure.

Grandfathering: A legal mechanism which can be utilized to protect the property rights associated with a nurse's licensure when there is a statutory or regulatory change in title, legal scope of nursing practice, or requirements for licensure. This protection may be for a specific period of time or for the life of the individual licensee.

Licensure: A regulatory mechanism by which a jurisdiction grants permission to an individual to practice nursing upon finding that the applicant has met predetermined qualifications and attained the degree of competency necessary to practice at a safe and effective level.

Property Right: A legal concept based on the Equal Protection Clause in the 14th Amendment of the United States Constitution which guarantees those licensed under the previous provisions of a law due process before depriving them the right to continue to hold and use a nursing license.

Scope of Practice: The range of activities and functions legally defined by the statutes and regulations in each jurisdiction performed by professional or technical nurses.

Title: The designation that a board of nursing confers which indicates that a person has met all the requirements to practice nursing at a specified level.

Waiver: A legal mechanism which can be used to grant dispensation from all or some of the requirements for nursing licensure in certain individual cases for a fixed period of time.

Premises:

1. The regulatory mechanism for safeguarding the public health, safety and welfare is individual licensure, which is granted after the applicant meets entry into practice requirements.
2. All persons practicing or offering to practice professional or technical nursing are licensed in the jurisdiction in which the licensee proposes to practice.
3. State statutes establish the minimum essential competence necessary to provide safe and effective nursing care.
4. Boards of nursing are mandated through state statute to set the requirements which define the knowledge base and the degree of skill needed to practice nursing.
5. Measures for assuring minimum essential competence are at least the completion of a board-approved program of study and the passing of a board-approved licensing examination.

6. Licensing examinations are based on job relatedness to assure validity and legal defensibility.
7. The scope of nursing education and practice adapt to ever changing societal and health care needs.
8. Changes in regulation for entry into nursing practice must bear a rational relationship to the legitimate state goal of assuring the public health, safety, and welfare.
9. Nursing statutes and regulations are effective prospectively; thus, they have a future date when they go into effect.
10. The rulemaking authority of a board is strictly limited by the scope and terms of the statutes of that jurisdiction.
11. Boards of nursing must have approval and monitoring authority for all nursing educational programs that prepare individuals to meet entry into practice requirements.
12. Standards utilized by boards of nursing to evaluate educational programs must be redesigned to reflect statutory or regulatory changes.
13. When a law changes the requirements for licensure in nursing, those licensed under the previous provisions of the law have vested property rights only in that jurisdiction.
14. The courts have consistently upheld grandfather clauses in state licensing statutes that impose new regulations on an occupation.
15. The mechanism of grandfathering does not bestow academic credit or degrees; rather it allows the licensee to continue to practice.
16. Statutory change is required if there is to be a change in title.
17. The current titles of registered nurses and license practical/vocational nurses have fairly uniform interpretation among states as to educational preparation, licensure requirements, and scopes of practice, as well as widespread acceptance by the public.
18. Some consistency among states in the definitions and qualifications for the two levels of nursing practice is critical for interstate mobility and national licensing examinations.
19. In the endorsement process, a jurisdiction is not required to subordinate its requirements for entry into nursing practice to the statutes and regulations of another jurisdiction.

Guidelines

A. Issuing Licenses:

1. Decisions need to be made as to the waiving of new requirements and the grandfathering of nurses so that property rights are protected.
2. If there is no waiver of new requirements or if there is a waiver of requirements for a specified number of years, then equivalency criteria should be provided.
3. If the mechanism of grandfathering with a total waiver of new requirements is not utilized, those who hold a current license should be given an opportunity to obtain additional requirements before their licenses are nullified.
4. Waiver and grandfather clauses must have an effective date and a deadline date for the filing of the licensee's application.

5. Any changes in qualifications for entry into nursing practice will necessitate that boards of nursing consider selection of one of the following options when endorsement qualifications are developed:
 - a. an applicant for endorsement should meet the same requirements as current applications for initial licensure in the endorsing state.
 - b. an applicant for endorsement should meet the requirements in effect in the endorsing state at the time of the applicant's original licensure.
6. Depending upon statutory language, the enactment of a law with a grandfather clause following the repeal of previous entry into nursing practice requirements may only protect those with active licenses at the time of the change in the statutes. Those without current active license in good standing may lose their privileges.

B. Titling:

1. If there is a change in title(s) the licensees under the previous law may be granted the new title by a grandfather clause in the new law.
2. Any change in title(s) may affect the uniformity among states concerning the two current levels of licensure which may complicate interstate mobility.

C. Defining the Scope of Practice:

1. Any change in the legal scope of nursing practice should alter the role of the nurse in the market place.
2. A change in the scope of practice is binding on all licensees. Individuals who are grandfathered under a new statute, must practice in accord with the new scope of practice.
3. Any change in the scope of nursing practice should be defined in general, rather than specific terms, to provide for the natural evolution of nursing practice.

D. Approving and Monitoring Educational Programs:

1. Boards of nursing may need to propose statutory or regulatory changes to bring all programs that prepare individual to meet entry into nursing practice requirements under the jurisdiction of the board.
2. Boards of nursing will need to facilitate the orderly closure of programs which are currently board approved and which no longer meet the requirements for program approval.
3. If grandfathering is based on partial waiver of the new requirements for entry into nursing practice, consideration must be given to provisions for determining equivalency.

E. Testing:

Licensure examinations must reflect changes in role enactment in the market place.

Recommendations:

Boards of nursing have many responsibilities in regulating entry into nursing practice to assure the health, safety and welfare of the public. Based on these responsibilities the following recommendations are offered:

1. Boards of nursing should be cooperative and collaborative in working out the regulatory issues involved in entry into nursing practice.
2. It would be inappropriate for boards of nursing at this time to support a change in title(s).
3. Boards of nursing should seriously consider supporting statutory changes that provide grandfather and waiver mechanisms.
4. Boards of nursing should attempt to maintain consistency in regulatory matters which affect interstate mobility and the national licensing examination.
5. Boards of nursing should seriously consider that any statutory change in the scope of nursing practice should be defined in general rather than specific terms in order to provide for the natural evolution of nursing practice.
6. Boards of nursing should take steps to assure that within their purview are all nursing programs which prepare individuals to meet entry into nursing practice requirements.

References

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2. National Council of State Boards of Nursing. *Model Nursing Practice Act*. Chicago Review Press: Chicago, Illinois, 1982.
3. AJN News. "ANA Gearing Up for Entry-Level Charge;" *American Journal of Nursing*; Volume 86, Number 2. American Journal of Nursing: New York, New York, February, 1985.

Report on the Survey on Activities of Unlicensed Personnel

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The 1985 Delegate Assembly of the National Council of State Boards of Nursing adopted a motion that directed "the Board of the National Council provide an investigation into the degree of problems present in each jurisdiction concerning assistance with medications by unlicensed personnel and resolve that if the problem is of major consequence to the public health, safety, and welfare, the Board will then appoint a Committee to prepare a position statement on this issue to present to the Delegate Assembly." Subsequently the Board of Directors designated the investigation task to the Nursing Practice and Standards Committee.

In response to the Board of Directors designating this task, the Nursing Practice and Standards Committee circulated a questionnaire in January 1986. Forty-six Member Boards (71% return rate) responded to the questionnaire. The data results are presented in detail in the following paragraphs and appended tables.

Legal Administration of Medication by Unlicensed Personnel (See Table 1)

Twenty-three jurisdictions reported that administration of medication by unlicensed personnel was legal in their states. One exception to that legal right was reported by New Hampshire where administration of medication by unlicensed personnel is legal in maximum security and state prison hospital systems.

Twenty-two jurisdictions reported that administration by unlicensed personnel was not legal in their state. Three jurisdictions reported exceptions to that. Colorado reported that unlicensed physical extenders could administer medication. New York reported that attendants in institutions under the Department of Mental Hygiene could administer medications if adequate MD or RN supervision was available. And Ohio reported that the statutes were silent on the subject.

Statutory authority for the administration of medication by unlicensed personnel in five states is through Public Health Law. In nine states, the statutory authority comes from exceptions to the Nursing Practice Act. Medical Practice Acts serve as the statutory authority in four states while sixteen states reported that statutory authority came from other types of statutes. Several states reported multiple statutory authority bases.

Supervisory authority for unlicensed personnel administering medication was reported as being the nurse by 21 jurisdictions, the physician by fourteen jurisdictions and other health personnel by four jurisdictions. Four jurisdictions reported that supervisory responsibility was carried out by other types of personnel.

Many jurisdictions commented that other departments would receive the reports of problems with unlicensed personnel administering medication. Three jurisdictions reported no report problems; seven reported infrequent reporting of problems; four reported frequent problem reports; four reported that such reports were not in their jurisdiction; eleven reported not knowing about such reports; and four reported frequent questions or reports from nurses.

The type of facility in which administration of medication by unlicensed personnel was reported as legal varied. Residential centers (reported by twelve jurisdictions), nursing homes (reported by ten jurisdictions), and foster or group homes (reported by eight jurisdictions) were the three most often reported types. Adult day centers, child care centers, and senior citizen residential centers were each reported by four jurisdictions. One jurisdiction did not specifically identify a facility, while fifteen jurisdictions

reported that administration of medication also occurred in other types of facilities. The most often named other type facilities were extended care and prisons.

Certified Medication Aides: (See Table 2)

Twelve jurisdictions reported having certified medication aides in their state while 34 reported that their state did not have certified medication aides. Identification of the agency under whose jurisdiction certified aides were utilized varied. The most commonly named agency was the Department of Health, followed by the Department of Mental Health and Retardation and the Department of Aging.

Suspected Use of Unlicensed Personnel to Administer Medications: (See Table 3)

Forty jurisdictions reported that there was suspected use of unlicensed personnel in a variety of settings. Four reported no suspected use of unlicensed personnel to administer medication. One state reported as not being sure while one reported that such information was not under the jurisdiction of the board.

Administration of Medication by Other Certified Unlicensed Personnel: (See Table 4)

In 28 jurisdictions administration of medication by other certified or uncertified personnel was reported. Seven jurisdictions reported no administration of medication by other certified or uncertified personnel. Ohio reported the one exception to their no response as being EMTs. Massachusetts reported no access to the information since the personnel are not under the jurisdiction of the board.

The most often identified personnel role was that of EMT with 34 jurisdictions identifying them. Radiology technicians were identified by thirteen jurisdictions; psychiatric technicians by ten jurisdictions; dialysis technicians by seven jurisdictions; and home health aides by four jurisdictions.

Settings reported by jurisdictions in which administration of medication by other certified or uncertified personnel was allowed corresponded to the type of personnel identified administering medication. Thirty-one jurisdictions identified emergency setting; seventeen, public schools; fourteen, prisons; thirteen, the other category; eleven, mental health facilities; and ten, the home.

Certification categories also paralleled the identified personnel categories with 34 reporting EMTs as certified; fourteen reporting radiology technicians as certified; eight reporting the home health aide as certified; five reporting psychiatric technicians as certified; and four reporting the dialysis technician as certified.

Performance of Other Nursing Activities by Unlicensed Personnel (See Table 5)

Twenty-three jurisdictions reported having problems with unlicensed personnel performing other types of nursing activities while eighteen reported not having problems. Nine states declared reports were non-frequent; four declared reports were frequent; and nine reported not knowing or not having it called to the Board's attention. None reported that reports were non-existent.

Agreements Between the Board of Nursing and Other Licensing Boards: (See Table 6)

Three jurisdictions reported having some type of agreement between the board of nursing and some other types of licensing body. Forty-two states reported not having agreements between the board of nursing and other licensing bodies. Massachusetts reported with its no answer not having access to the information. Florida reported with its no answer that medical assistants perform functions under the supervision of an MD but that there is no agreement with the Board of Nursing for this.

Other Health Related Statutes Dealing with Unlicensed Personnel: (See Table 7)

Twenty-two jurisdictions reported having other health related statutes dealing with unlicensed personnel while 23 reported not having any. The most common other health related statutes identified were the Medical Practice Act, Emergency Medical Statutes, Public Health Statutes, and Federal Medicare Certification Regulations.

Nursing Board Opinions, Attorney General Opinions or Case Law: (See Table 8)

Eighteen jurisdictions reported having some type of board or attorney general opinion or case law relative to the administration of medication and other nursing activities. Twenty-eight reported not having any opinions or case law. The most common type identified was the attorney general opinion.

Avenues Taken by Boards of Nursing to Address the Problem of Activity by Unlicensed Personnel (See Table 9)

Table 9 describes the various activities undertaken by boards of nursing to address the problem of activity by unlicensed personnel. The activities described varied from special committees studying the problem to addressing the supervisory nurse through the discipline process.

Summary:

The data from the questionnaire on activities of unlicensed personnel clearly indicated a concern from the reporting jurisdictions relative to the issue of activities of unlicensed personnel. A specific concern relative to the administration of medication by unlicensed personnel or certified/uncertified personnel was also clearly documented by the survey results. The Nursing Practice and Standards Committee will therefore recommend that a position statement be formulated on this issue in FY 87 for consideration by the 1987 Delegate Assembly of the National Council.

Table 1
Legal Administration of Medication by Unlicensed Personnel

	Legal	Not Legal	Statutory Authority	Supervisory Responsibility	Frequency of Problem Reports	Type of Facility
AL						
AK						
AS		x				
AZ						
AR		x				
CA-RN	x		2 3 4	1 2 3	5	1 8
CO		x	3	2	3	8
		*1				
CT	x		1 3 4	1 2	4	8
DE						
DC-RN		x				
DC-PN		x				
FL	x		2 3 4	1 2 3	5 6	1 2 3 4 6 8
GA-RN		x				
GA-PN						
GU		x			4	
HI		x		2	5	
ID		x				
IL						
IN	x		2 4	1	5	5
IA	x		1	1 2	5	1 2 3 4 5 6
KS						
KY	x		1 4	1 2	5 6	1 2 5
LA-RN	x		4	1	5 6	1
LA-PN	x					2
ME	x		4	1	2	1 5 8
MD						
MA					4	
MI	x		1	4	4	1 2 3 4 6 8
MN	x		4	1 2	2	
MS		x				
MO	x		4	1	1	1 2 5 8
MT		x				
NE						
NV		x	4	1	2	
NB	x					
	*2					
NJ		x				
NM		x	4		5	
NY		x	2	1 2	5 6	8
		*3				
NC	x		2	4	3	8
ND		x		1 2 3 4	3	

Table 1 continued

	Legal	Not Legal	Statutory Authority	Supervisory Responsibility	Frequency of Problem Reports	Type of Facility
OH		x *4			2	
OK	x		2 4	1 2 4	2	1 5 8
OR	x		2 4	1 2	3	1 2 3 5 6 8
PA	x		2	1 2	2	8
RI	x		4	1		5
SC						
SD	x		2	1	2	1 2 4 5 8
TN						
TX-RN	x		1 4	1	1	5
TX-VN	x		4	1 4	5	8
UT		x				
VT						
VI		x				
VA	x		4	1 2 3	1	8
WA-RN	x		4	2 4	5	7
WA-PN		x				
WV-RN		x				
WV-PN						
WI						
WY		x				

CODES:

Statutory Authority:

1. Public Health Law
2. Exceptions to Nursing Practice Act
3. Medical Practice Act
4. Other

Supervisory Responsibility:

1. Nurse
2. Physician
3. Other Health Personnel
4. Other

Frequency of Problem Reports:

1. None
2. Not frequently
3. Frequent
4. Not Our Jurisdiction
5. Unknown
6. Nurse Reports or Questions

Type of Facility:

1. Residential Centers
2. Foster or Group Homes
3. Adult Day Centers
4. Child Care
5. Nursing Home
6. Senior Citizens Residential Center
7. No Specific Facility Identified
8. Other

*1 CO – Except for “Unlicensed Physical Extenders”

*2 NH – In maximum security and state prison hospitals

*3 NY – Attendants in institutions under the Department of Mental Hygiene if adequate MD or RN supervision

*4 OH – Statutes silent on the subject

Table 2
Certified Medication Aides

	Yes	No	Agency Jurisdiction
AL			
AK			
AS		x	
AZ			
AR		x	
CA-RN		x	
CO		x	
CT		x	
DE			
DC-RN		x	
DC-PN		x	
FL		x	Dept. of HRS course allows aides to give medications
GA-RN		x	
GA-PN			
GU		x	
HI		x	
ID		x	
IL			
IN	x		State Board/Health
IA	x		State Health Dept.
KS			
KY	x		Cabinet/Human Resources
LA-RN	x		Dept/Health & Human Resources
			Office of Mental Retardation
LA-PN		x	
ME	x		Dept/Human Services
			Dept/Mental Health & Corrections
MD			
MA			Unlicensed personnel not under Board jurisdiction
MI		x	
MN	x		State Dept. of Health and Dept. of Education have roles and responsibilities; person under no one's jurisdiction
MS		x	
MO	x		Division of Aging
MT		x	
NE			
NV		x	
NH		x	
NJ		x	
NM		x	
NY		x	
NC		x	
ND		x	

Table 2 continued

	Yes	No	Agency Jurisdiction
OH		x	
OK	x		Nursing Home Board
OR	x		Board approves training program for CMAs not individuals
PA		x	
RI		x	
SC			
SD	x		Dept./Health
TN			
TX-RN	x		Health Dept.
TX-VN	x		Authorized by permit by Texas Dept. of Health
UT		x	
VT			
VI		x	
VA		x	
WA-RN		x	
WA-PN		x	
WV-RN		x	
WV-PN		x	
WI			
WY		x	

Table 3
Suspected Use of Unlicensed Personnel to Administer Medications

	Yes	No	Setting
AL			
AK			
AS	x		7
AZ			
AR	x		1 2 4
CA-RN	x		1 2 3 4 5 6 7
CO	x		1 2 3 4 5 6 7
CT			Not able to answer -- not sure
DE			
DC-RN	x		2 5
DC-PN	x		2 3
FL	x		1-2-3-4-5-7
GA-RN	x		4
GA-PN			
GU		x	
HI		x	
ID	x		2 4 5
IL			
IN	x		1 2 3 4 5 6 7
IA	x		1 2 3 4 5 6 7
KS			
KY	x		1 2 3 4 7
LA-RN	x		1 2 3 4 6
LA-PN	x		7
ME	x		1 2 3 4 5 6 7
MD			
MA			Not under Board jurisdiction
MI	x		1 2 3 4 5
MN	x		1 2 3 4 5 6 7
MS	x		1 2 4 7
MO	x		1 2 4 5
MT	x		4 5 7
NE			
NV	x		4 5
NH		x	
NJ	x		3
NM	x		2 3 4 5 7
NY	x		3
NC	x		4 6 7
ND	x		2 3 4 5 6 7

Table 3 continued

	Yes	No	Setting
OH	x		1 2 3 4 5
OK	x		1 2 3 4 5 6 7
OR	x		1 2 3 4 5 6 7
PA	x		2 3 4 6
RI	x		6
SC			
SD	x		2 3 4 6
TN			
TX-RN	x		1 2 4
TX-VN	x		1 2
UT	x		1 2 3 4
VT			
VI		x	
VA	x		4 5
WA-RN	x		2 3 4 5
WA-PN	x		5
WV-RN	x		4 5 6
WV-PN			
WI			
WY	x		1 2 3 4 5 7

CODE:

Setting:

1. Schools
2. Prisons
3. Mental Health Facilities
4. Doctor's Office
5. Home Settings Care Delivery
6. Long Term Care Facilities
7. Other

Table 4
Administration of Medication by Other Certified/Uncertified Personnel

	Yes	No	Personnel	Settings	Certification Categories
AL					
AK					
AS		x			
AZ					
AR	x		1 3 9	4 6	1 3 6
CA-RN	x		1 2 4 5 9	1 2 3 4 5 6	4 5
CO	x		1 4	4 6	1 4
CT	x		1 6 9	1 4	1
DE					
DC-RN	x		1 8	4	1
DC-PN	x		1 2 3 4 8	2 3 4	1 2 3
FL	x		1 3 4 6 7 9	1 3 4	1 2 3 4
GA-RN		x			
GA-PN					
GU		x			1
HI		x			
ID	x		1 2 3 5 9	1 2 4	1
IL					
IN	x				8 (not sure)
IA	x		1 3 5 6 8 9	1 2 3 4 5 6	1 3 5 6
KS					
KY	x		1 2 3 4 6 7 8	1 2 3 4 5	1 2 3 6
LA-RN	x		1 *1	6	1
LA-PN	x		1	4	1 3
ME	x		1 2 3 6 7 8 9	1 2 3 4 5 6	1 5 6 *2
MD					
MA			Not in Board Jurisdiction – No Access to Information		
MI	x		1	4	1
MN	x		9	1 2 3 4 5 6	
MS	x		1	4	1
MO	x		1 4	1 2 3	1 4 5 6
MT	x		1 3	4 6	1 3
NE					
NV	x		1 8	4 6	1
NH	x		1 6 8	1 2 4	1
NJ		x			3 5 6
NM	x		1 6 9	1 4 5	1 3 6
NY	x		1 4	1 3 4 5	1 3 5
NC		x			1 2 3 5
ND	x		1	4	1

Table 4 continued

	Yes	No	Personnel	Settings	Certification Categories
OH		x *3	1	4	1
OK	x		1 4 5 6 7	1 2 5 6	1
OR	x		1 2 3 4 6 7 8 9	1 2 3 4 5 6	4 5 6
PA	x		1 2 3	2 3 4 5 6	1 3
RI	x		1	4	1
SC					
SD	x		3 4 8	2 3 4	1 3
TN					
TX-RN	x		6 7	1	
TX-VN	x		1 6 8	12	
UT	x		6		
VT					
VI	x		1	4	1
VA	x		1 9	4	1
WA-RN	x		1	4	1
WA-PN	x		1 3 9	4 6	3
WV-RN	x		1	4	1
WV-PN					
WI					
WY	x		1 3	4	1 3

CODES:

Personnel:

- | | |
|---------------------------|------------------|
| 1. EMT | 6. Teachers |
| 2. Dialysis Technician | 7. Teacher Aides |
| 3. Radiology Technician | 8. Prison Guard |
| 4. Psychiatric Technician | 9. Other |
| 5. Home Health Aides | |

Settings:

1. Public Schools
2. Prisons
3. Mental Health Facilities
4. Emergency settings
5. Home
6. Other

Certification Categories:

1. EMT
2. Dialysis Technician
3. Radiology Technician
4. Psychiatric Technician
5. Home Health Aide
6. Other

*1 KY – EMTs not sanctioned by law but administer medications in prison
 *2 ME – Home Health Aides certified but do not administer medications
 *3 OH – Except EMT's

Table 5
Performance of Other Nursing Activities by Unlicensed Personnel

	Yes	No	Frequency of Problem
AL			
AK			
AS		x	
AZ			
AR		x	
CA-RN	x		2
CO	x		2
CT	x		2 – Some Health Care Agencies are using technicians
DE			
DC-RN		x	
DC-PN		x	
FL	x		3
GA-RN	x		4 – Board is not involved in investigating
GA-PN			
GU		x	
HI		x	
ID	x		Attendants to para/quadruplegics with proper training are authorized by Board to do intermittent catheterization
IL			
IN	x		4
IA	x		3 *1
KS			
KY	x		Not documented problems – teachers performing nursing care for handicapped children
LA-RN	x		3 *2
LA-PN			4
ME	x		Personal care attendants under Home Based Care Act – Board does not have jurisdiction
MD			
MA			4
MI		x *3	4
MN			2 – Not purview of Board
MS	x		Rarely reported to Board but suspect great problem
MO		x	CODE: Frequency of Problem Reports 1. None 2. Not Frequent 3. Frequent 4. Unknown
MT		x	
NE			

*1 IA – Main problem in schools where handicapped children have been mainstreamed and not enough nurses to deliver needed care
 *2 LA-RN – Main problem in schools with mainstreamed handicapped children
 *3 MI – Not brought to the attention of the Board of Nursing

Table 6
Agreements between the Board of Nursing and Other Licensed Boards

	Yes	No
AL		
AK		
AS		x
AZ		
AR		x
CA-RN		x
CO		x
CT		x
DE		
DC-RN		x
DC-PN		x
FL		x *1
GA-RN		x
GA-PN		
GU		x
HI		x
ID		x
IL		
IN		x
IA		x
KS		
KY		x
LA-RN		x
LA-PN		x
ME		x
MD		
MA		x *2
MI		x
MN		x
MS		x
MO		x
MT		x
NE		x
NV	x	
NH		x
NJ		x
NM		x
NY		x
ND		x

Table 6 continued

	Yes	No
OH		x
OK		x
OR		x
PA		x
RI		x
SC		
SD	x	
TN		
TX-RN		x
TX-VN		x
UT		x
VT		
VI		x
VA	x	
WA-RN		x
WA-PN		x
WV-RN		x
WV-PN		
WI		
WY		x

CODES:

*1 FL – Medical assistants perform nursing functions under supervision of MD;
no agreement with Board of Nursing for this

*2 MA– No access to information

**Table 7
Other Health Related Statutes Dealing with Unlicensed Personnel**

	Yes	No	Statutes
AL			
AK			
AS		x	
AZ			
AR	x		Medical Practice Act
CA-RN	x		Medical Practice Act, California Administrative Code
CO		x	
CT	x		Connecticut General Statutes, Public Health Law
DE			
DC-RN		x	
DC-PN		x	
FL	x		Medical Practice Act
GA-RN	x		Medical Practice Act
GA-PN			
GU		x	
HI		x	
ID	x		Emergency Medical Services Act
IL			
IN		x	
IA		x	
KS			
KY		x	
		*1	
LA-RN	x		Statutes for Emergency Medical Services Act, Radiology Technician, Respiratory Technician, and Lay Midwives
LA-PN		x	
		*2	
ME	x		Personal Care Assistant under Home Based Care
MD			
MA		x	
		*3	
MI	x		Public Health Code
MN	x		Medical Practice Act, State Statute Nursing Homes, Medicare Certification (Federal)
MS		x	

Table 7 continued

	Yes	No	Statutes	
MO	x		Emergency Medical Services Act, Health Facilities	
MT		x		
NE				
NV	x			
NH		x		
NJ		x		
NM		x		
NY		x		
NC	x			Medical Practice Act, Dept. of Human Resources has rules regarding ICF-MR Facilities
ND	x			Control Administration criteria
OH			1. Room and Board Home Licensure Act 2. Public School Law 3. Exception to NPA Medical Examiners Statute Federal/State Guidelines	
OK	x			
OR	x			
PA	x			
RI		x		
SC				
SD	x			Medical Practice Act, Dept. of Health and Human Services
TN				
TX-RN		x		
TX-VN		x		
UT		x	Medical Practice Act Nursing Assistants in nursing homes Health Care Assistants Law	
VT				
VI		x		
VA	x			
WA-RN	x			
WA-PN	x			
WV-RN		x		
WV-PN				
WI				
WY	x			EMT Statute

*1. KY – does not recognize or regulate the practice of physicians assistants; however, this group is seeking regulation of practice in 1986

*2. LAPN – not to my knowledge

*3. MA – no access to information

Table 8
Nursing Board Opinions, Attorney General (AG) Opinions, or Case Law

	Yes	No	Type
AL			
AK			
AS		x	
AZ			
AR		x	(within last decade)
CA-RN	x		Legal Opinion
CO	x		AG Opinion
CT	x		AG Opinion – CT General Statutes
DE			
DC-RN		x	
DC-PN		x	
FL	x		Board Opinion AG Opinion
GA-RN		x	
GA-PN			
GU		x	
HI		x	
ID		x	
IL			
IN	x		AG Opinion Memo on Medication Administration from State Board of Health
IA	x		Board Opinion Case Law
KS			
KY	x		AG Opinion
LA-RN	x		AG Opinion
LA-PN	x		AG Opinion Board Response
ME		x	
MD			
MA		x	
		*1	
MI		x	
MN		x	
MS	x		AG Opinion

Table 8 continued

	Yes	No	Type
MO		x	AG Opinion regarding Dialysis Techs
MT		x	
ND			
NV		x	
NH		x	
NJ		x	
NM		x	
NY		x	
NC	x		
ND		x	
OH		x	
OK	x		
OR	x		
PA		x	
RI	x		
SC			
SD	x		
TN			
TX-RN		x *2	
TX-VN		x *3	
UT	x		AG Opinion
VT			
VI		x	
VA		x	
WA-RN		x	
WA-PN		x *4	
WV-RN	x		
WV-PN			
WI			
WY	x		
			Court Ruling
			AG Opinion

- *1. MA – no access to information
- *2. TX – RN unknown
- *3. TX – VN unknown
- *4. WA – PN unknown

Table 9
Avenues Taken by Boards of Nursing to Address the
Problem of Activity by Unlicensed Personnel

	Activity
CA-RN	Obtained legal opinion on "Unlicensed Persons Working in Home Health Agencies"
CO	An advisory committee is investigating the issue
ID	1) Investigated, with assistance from Vocational Rehab, dialysis technicians statement issued for clarification. 2) Board input into Rules (definition of assistance with medication issued) for medication administration in Shelter Homes
KY	If unlicensed person is practicing nursing without a license or holding himself out as a nurse, then the Board pursues civil action
LA-RN	Testimony before legislative committees, communications to the Attorney General, and meeting with the Board of Medical Examiners to request endorsement of the Board of Nursing's Position
LA-PN	State practical nursing association opposed; registered nursing board has written response
NC	1) Problems with Personal Care Assistants discussed with the Commissioner of Department of Human Services and Director of Bureau of Maine's Elderly 2) Article in Board newsletter addressed the problems with PCA's encountered by nurses in home health agencies
MN	1) Address the supervising nurse through the discipline process. 2) Discuss problems with Health Department and Education Department
MO	1) Not supported any proposed statutes relative to midwives or physicians assistants 2) Discussions with the Medical Director of the Prison System to regulate nursing practice; but the Nursing Practice Act contains no specific language making it illegal for non-nurses to perform nursing activities under the supervision of a physician. There is no statute making it legal but the legality has never been pursued by the Board of Nursing
MT	Board committee studying the issue of unlicensed persons administering medications particularly in personal care home settings
NV	Intra-agency Task Force, Attorney General Opinion request -- Preliminary Study
NJ	Investigate cases, have individuals and staff of agencies before Board. Fined for unlawful practice of nursing when found guilty.
NM	Executive Director member of a SNA Task Force dealing with this problem and frequently consults with state licensure agencies
NY	Meeting with New York State Nurses Association and others to discuss concerns and explore potential actions
NC	Monitoring the issue
ND	One to one discussion, multidisciplinary discussion meeting planned February 1986

Table 9 continued

	Activity	
OH	Extensive communication with Director of Health Department and the Department of MR/DD regarding attempts by these Departments to provide training for unlicensed personnel in the administration of medications	
OR	Impose Civil penalty up to \$1000 to unlicensed personnel who violates the Nurse Practice Act	
PA	Legal investigation	
TX-RN	Developing rules to govern tasks a registered nurse may delegate to unlicensed personnel	
TX-PN	Report unlicensed personnel to Texas Department of Health	
UT	Met with Mental Health Division to try resolve problems in group homes and with home health groups	
WA-RN	Take injunctive action when illegal practice documented	
WV-RN	Currently considering a position paper on use of unlicensed personnel and asked WV-PN for input	

Report of the Entry into Practice Report Committee

Recommendations

The Entry Into Practice Report Committee recommends that:

1. The National Council's clearinghouse for information addressing jurisdictional activity related to changes in educational requirements for entry into practice be extended to include information from registered nurse (RN) state-level nurses' associations and practical nurse (PN) state-level nurses' associations.
2. To prevent misinterpretation of National Council's position, the National Council adopt a formal position of neutrality, support, or non-support of proposed changes in educational preparation for entry into practice and that this be disseminated along with its rationale to the nursing profession.

Introduction

The 1985 Delegate Assembly of the National Council of State Boards of Nursing, Inc. passed a resolution directing that the National Council establish a committee of state board representatives to develop a report on entry into practice to be presented to the Delegate Assembly in 1986. Subsequent to this action, the Board of Directors appointed the following individuals to the Entry Into Practice Report Committee: Elizabeth Willey (UT), Chair; Thelma Hanna (KY); Ellen Rosbach (WA); Dennis Ross (VT); and Carol Stuart (SD). The committee was staffed by Carolyn Yocom, Assistant Director of Testing Services.

The committee held two meetings in National Council offices in Chicago. The December 16-17, 1985, meeting was devoted to reviewing data previously collected by other groups and available relevant documents, reviewing the charge to the committee, reviewing information requested by the Nursing Practice and Standards Committee, and questionnaire development. The March 21-22, 1986, meeting was devoted to a review of collected data and preparation of the final report.

The following sections of this report include (a) a description of the questionnaire; (b) a description of the sample and data collection procedures; (c) the results; and (d) a summary.

Questionnaire Development

Two parallel forms of a questionnaire were developed: one form for boards of nursing (BON) and a second form for state level nurses' associations. Both questionnaires solicited information relative to the following areas: (a) position taken, if any, regarding changing entry into practice (EIP) requirements; (b) authority to initiate regulatory changes regarding EIP requirements; (c) proposed level titles and educational requirements; (d) competency statement development; (e) perceptions in regard to projected changes/revisions of statutes or rules and regulations necessitated by changes in EIP requirements; (f) development and content of a plan to change EIP requirements; (g) priority rating of issues that could impact on changes in EIP requirements; (h) strategies for addressing high priority issues; and (i) perceived role of the National Council in facilitating resolution of state and national level issues resulting from EIP changes. In addition, each BON was requested to provide data regarding the number, type, enrollment, source of program approval, and administrative control of all levels of nursing education programs within their jurisdiction.

Pilot testing of the questionnaire was accomplished by having the Executive Director/Secretary of four BONs complete it and provide suggestions for revision. Additionally, it was reviewed by a faculty member of the University of Illinois at Chicago College of Nursing and by several National Council staff. Suggestions for revision were incorporated in the final forms of the questionnaire.

Sample and Data Collection

The questionnaire was mailed to the Executive Director/Secretary of all 60 Boards of Nursing holding membership in the National Council; the 53 states nurses' associations (SNA) affiliated with the American Nurses' Association (ANA); and two groups of practical nurse associations (PNA); 34 state-level associations affiliated with the National Federation of Licensed Practical Nurses (NFLPN); and the 20 state level associations affiliated with the National Association for Practical Nurse Education and Service (NAPNES).

A cover letter requested that each Executive Director/Secretary of a Member Board or the Executive Director/President of a nursing association (or their designee) complete the questionnaire and return it to National Council offices in the self-addressed return envelope that was provided. To increase the return rate, follow-up phone calls were made to the offices of all BONs not returning the questionnaire by the stated deadline. Return rates were as follows:

<u>Group</u>	<u>Number Sent</u>	<u>Number Returned</u>	<u>Percent Returned</u>
BON	60	59*	98%
SNA	53	25**	47%
PNAs:	54	27	50%
NFLPN	34	19	56%
NAPNES	20	8	40%

*Includes one BON not returning a questionnaire but which reported not taking a position on EIP requirements.

**Does not include four additional SNAs who sent letters stating they could not complete the questionnaire.

Data Reduction

All responses were entered verbatim into a data base management file. All numerical and categorical responses were compiled and were available to the committee in their original form and as aggregate data. All transcribed responses to open-ended questions and other comments were reviewed and categorized by the committee.

Results

A. Position on Entry Into Practice Educational Requirements and Titling

Individual BON, SNA, and PNA responses to questions addressing whether a position had been taken on changing EIP requirements are reported, by jurisdiction and geographical area, in Table 1 and are summarized in Table 2. (Tables are at the end of this report.) Comparisons between BON, SNA, and PNA information reveals no

overall relationship between the positions of any two responding groups within a jurisdiction. North Dakota was the only jurisdiction where the responding BON and SNA reported adopting the same position to change entry level requirements. All but one responding NAPNES affiliates indicated adoption of the NAPNES position to maintain current titling and educational requirements. The NFLPN position on titling and education was adopted by 52.6% of the responding NFLPN affiliates. Comparison of BON, SNA, and PNA positions with the numbers and types of nursing education programs within a jurisdiction revealed no relationship between the two sets of variables.

All BONs, SNAs, and PNAs adopting a position to change educational requirements indicated that a baccalaureate degree should be required for entry at the professional level and an associate degree be required at the technical level. However, there was diversity in titling (See Table 3). At the professional level, the title identified most frequently by respondents was that of "Registered Nurse." At the technical level, SNAs favored the title "Associate Nurse"; PNAs preferred "Licensed Practical Nurse"; and there was no consensus among the few BONs who addressed titling.

B. Regulatory Changes

This section of the report describes the perceptions of the BONs, SNAs, and PNAs regarding regulatory revisions that would be necessary if changes were made in EIP requirements.

1. Statutory Changes

A series of questions were asked regarding whether statute changes would be needed and, if so, what specific areas of the law would require revision. The BON, SNA, and PNA responses are reported in Table 4, by jurisdiction and geographical area. Overall trends are summarized in Table 5. Other potential areas of statutory change were board composition, competency assessment, grandfathering, interstate mobility, and foreign nurse entry. It is important to note that for the majority of respondents, these changes are speculative and based on when and if legislation is introduced.

The majority of respondents had not developed alternative nurse practice acts or legislation dealing with EIP requirements. SNAs reported to be active in development of legislative proposals include ME, IL, KY, MA, MT, NV, and NY. A bill was initially introduced into the NY legislature in 1976 and is currently in legislative committees. Legislation to change EIP requirements in Maine was introduced in December 1985 with hearings scheduled for March 1986. The Massachusetts SNA indicated that it will introduce a bill during the fall 1986 legislative session. The model NPA developed by the Illinois SNA is scheduled for introduction to the legislature in 1987. The Nevada SNA indicated it is developing a legislative proposal for introduction in 1987.

The Kentucky SNA has developed a new NPA but had not yet introduced it into the legislature. In Utah, HB180 was passed by both branches of the legislature and was awaiting action by the governor. This bill restrains the board of nursing from denying administration of NCLEX-RN to associate degree graduates. The Ohio BON reported that a recently revised practice act has been submitted to the legislature, but the entry issue was not addressed.

The BONs in South Carolina, Utah, and Vermont reported that the need to revise their respective NPAs is currently under study. Three PNAs (IL, TN, UT) reported

topic. The Tennessee PNA reported that a new practice act is under development within the jurisdiction.

Collaboration among various nursing groups for the development of proposed legislative changes was reported in several jurisdictions. In Maine, the SNA reported collaboration occurred within a statewide committee having representation from all nursing groups, the SNA, staff nurses, and attorneys. The BON reported it has acted as a resource to the group.

In Illinois, the SNA reported the model NPA was developed by a task force composed of their Board of Directors and Commissioners for Education, Administration, Legislation, and Practice; the Council of ADN Educators; nursing specialty organizations; and members-at-large. The PNA association and the BON also provided input. The Vermont BON reported that it has collaborated with the SNA. The Tennessee PNA reported that a representative of its organization, representatives of other nursing organizations and the BON had met with the SNA regarding the SNA's development of proposed legislation. This PNA also indicated it had collaborated with the Tennessee Hospital Association regarding the developing legislation.

The Massachusetts SNA reported that it is working with educators from baccalaureate, associate degree, diploma and practical nurse programs, nursing administrators, a nurse attorney, and other interested individuals. The SNA reported that it also collaborated with the BON, the Interorganizational Nursing Council, and selected legislators. Documents submitted by the New York SNA indicate that they have worked with individuals representing all areas of nursing practice and education in the development of legislation.

The reason stated for collaboration and/or participation in the development of new or revised NPAs was basically one of providing for a broad base of support. Comments in this area reflected a need to provide mechanisms for input from a wide range of nursing groups, to obtain professional consensus, and to provide for "good politics". In addition, groups engaged in the development of legislative proposals indicated that clearly developed political strategies needed to be developed, public hearings needed to be held, and state-wide education needed to be accomplished prior to the introduction of legislation.

2. Administrative Rule Changes

A second series of questions addressed whether administrative rules and regulations would need to be changed if EIP requirements were changed and, if so, the specific areas that would need to be changed. It is important to note that, with one exception, these responses are speculative, and they are based on what would need to be done if changes were instituted. The BON, SNA, and PNA responses are reported in Table 6, by jurisdiction and geographical area, and are summarized in Table 7.

Additional areas of potential administrative rule and regulation changes were approval of nursing education programs, curricular requirements, faculty credentialing, refresher course approval, board composition and board members' credentials, endorsement requirements, licensure examination requirements, and competency assessments.

North Dakota was the only jurisdiction reporting the promulgation of new rules and regulations addressing changes in educational preparation required for EIP. Both the

BON and the SNA reported that these were developed by an ad hoc committee including representatives of each type of nursing program, all professional nursing organizations, all types of nursing service agencies, legislators, and academic deans. At the time this information was provided, the rules and regulations were awaiting final adoption by the board in January 1986 and, if passed, were expected to be published in March 1986 with implementation planned for January 1987. The West Virginia-RN BON reported that it was in the process of changing its rules. At the time of this report the rules were undergoing review in a legislative committee.

3. Implementation of Changes via Rule or Statutory Change

The three groups were requested to indicate whether, if the BON had the exclusive authority to implement EIP changes via modification of rules and regulations, it would (a) proceed with this approach (BONs) or assist with this approach (PNAs, SNAs) or (b) proceed with revision or replacement of practice act statutes. The responses are reported in Table 8. Of the 21 BONs responding to this question, 11 indicated they foresaw proceeding with changing rules and regulations rather than with opening the NPA; 8 BONs indicated the need for statutory revisions rather than rule changes while 2 BONs were unsure which avenue would be taken. Three of 11 responding SNAs indicated rule changes would be pursued rather than statutory changes, 7 preferred statutory changes over rule changes, while 1 was unsure. Of the 9 responding PNAs, 3 favored rule changes, 5 preferred statutory changes, and 2 were unsure which route would be pursued.

Many qualifying statements were made in response to this part of the questionnaire. For instance, some responding groups clarified the roles of their BONs in initiating change via administrative rules or statutes (i.e., some BONs may initiate changes in rules while others may not; others indicated that the BONs should not or could not initiate statutory changes). Many BONs commented that they were not currently in a position to address the issue but might in the future, given consensus within their nursing communities. One BON advocated statutory change as a means to ensure a more secure change, increase board authority, and allow for political expedience.

C. Development of Competency Statements for Different Levels of Graduates

Four BONs, 12 SNAs, and 5 PNAs representing 19 jurisdictions (see Table 9) reported that they or a commission, task force, or committee have developed or are in the process of developing competency statements for graduates with different levels of education. Identical information was reported by the SNA and BON in only one jurisdiction (ND).

Seven SNAs, 2 PNAs, and all 4 BONs indicated that newly developed competency statements are either partially or completely different than those currently in existence. The North Dakota BON indicated the non-existence of previously identified competency statements.

A wide variety of resources were used for the development of competency statements. The most frequently identified documents were those prepared by the ANA (including *Nursing, a Social Policy Statement* and the *Standards of Practice*) (2 BONs, 6 SNAs) and the NLN (1 BON, 4 SNAs, 1 PNA). Other documents utilized were specific nurse practice acts (1 BON, 1 PNA); BON rules and regulations (1 PNA); National

Council test plans (1 BON, 1 PNA); documents from the Southern Regional Education Board (1 SNA); job descriptions (1 PNA); accreditation guidelines for practical nurse programs (1 PNA); literature reviews (1 BON, 1 SNA); and research results (1 BON).

The most frequently identified collaborators used during the development of competency statements were nurse educators (2 BONs, 4 SNAs, 1 PNA) and nursing service personnel (2 BONs, 2 SNAs). Others identified were practitioners (1 BON); service providers (1 SNA); interested nurses (1 SNA); nurses representing specialty organizations (1 SNA); legislators and an attorney (1 SNA); an SNA (1 PNA); the NFLPN (1 PNA); the NAPNES (1 PNA); and a BON (1 PNA).

As was noted in previous sections of this report, there was very little duplication of responses within a specific jurisdiction by the BON, SNA, and/or the PNA with regard to development of competency statements. Subsequently, there was no duplication in either the listings of documents or collaborators used in preparation of these statements.

D. Development of an Implementation Plan

Target dates for implementation of changes in requirements for entry into practice have been identified by 6 BONs, 15 SNAs, and 5 PNAs (See Table 9). This includes the reports from the North Dakota BON and SNA indicating a plan for implementation of new rules and regulations in January 1987. In addition, the SNA of Massachusetts and the PNAs of Illinois and Oklahoma also identified a target date of 1987.

Additional target dates identified by the three groups are: 1990 (2 SNAs, 1 PNA); 1991 (1 SNA); 1992 (5 SNAs, 3 BONs); 1994 (2 PNAs); and 1995 (2 BONs, 4 SNAs, 1 PNA). Alaska, North Dakota and South Carolina were the only jurisdictions where more than one reporting group (a) indicated a specific target date and (b) the groups identified the same date.

Implementation plans were reported to be developed or in the process of being developed by 3 BONs (or associated committees, commissions or task forces), 10 SNAs, and 1 PNA. It is interesting to note (See Table 9) that in 11 jurisdictions where a target date was identified by the BON, SNA, and/or PNA, no plan had been or was being developed. One additional PNA (CO) and SNA (NE) were planning to develop an implementation plan but had not identified a target date for implementation.

All three groups were requested to indicate if actual or anticipated implementation plans included a grandfather clause and/or clause waiving educational requirements. Of the 7 BONs indicating a target date and/or the development of an implementation plan, 3 indicated a grandfather clause was or would be included. Only 2 BONs were considering the inclusion of a waiver clause.

Of the 16 SNAs indicating a target date for implementation and/or development of an implementation plan, 12 indicated the presence of, or plans for, inclusion of a grandfather clause, while 2 indicated that a decision on inclusion had not yet been made. Four of the 16 SNAs indicated a waiver clause was or would be included, while 1 indicated a decision had not yet been made on its inclusion.

Three of the 7 PNAs reporting a target date for implementation and/or development of an implementation plan indicated a grandfather clause was or would be included in

the plan. In addition, 3 PNAs with neither target dates nor plans indicated a grandfather clause would be included in any plan developed. Only 1 PNA, which also reported a target date, reported that a waiver clause would be included in a plan. As can be seen in Table 9, there was again very little similarity between the reports of any 2 or more groups within a specific jurisdiction.

Potential intrastate problems were related to the use of grandfather clauses included: (a) a lack of trust that such a clause would be included; (b) the ability of "grandfathered nurses" to compete for jobs; (c) the competency of "grandfathered nurses" in comparison to those meeting upgraded educational requirements; and (d) the possible need to provide additional course work for "grandfathered LPNs."

Potential interstate problems identified were: (a) the possibility of inconsistency in clauses from state to state; (b) endorsement; (c) inconsistency in LPN program; and (d) differences in state requirements, especially for associate degree graduates.

Very few BONs or associations identified intra- or interstate problems related to the inclusion of a waiver clause. The main interstate problem identified was a concern related to endorsement from one state to another. With regard to intrastate problems, 1 PNA responded, "Many," but did not elaborate.

E. Issues Impacting on Implementation of Changes in EIP

Each group was requested to indicate the priority of 20 different issues with regard to its impact on the implementation of changes in EIP requirements. For purposes of analysis, the following weights were assigned to each response category: high priority = 3, moderate priority = 2, and low priority = 1. A weight of 0 was assigned if a respondent did not rate a specific issue but had rated the others listed.

The mean priority ratings of the issues, for each group, are reported in Table 10. A comparison of the mean ratings for the BONs, SNAs, and PNAs revealed several differences when the means were rank-ordered. "Nurse acceptance" was the only issue within the three highest rated issues that was common to all three groups. The issues having the three highest mean priority ratings for the BONs were: (1) "Interstate issues related to grandfathering," (2) "Cost benefit to the individual nurse," and (3) "Nurse acceptance of an implementation plan."

In contrast, the issues receiving the highest mean priority ratings by the SNAs were: (1) "Nurse acceptance of an implementation plan," and, tied for (2) and (3), "Cost benefit to the public" and "Educational mobility". Those receiving the highest mean priority ratings by the PNAs were: (1) "Nurse acceptance of an implementation plan," (2) "Interstate differences in titling," and, tied for (3) and (4), "Cost benefit to the public" and "Interstate differences in expected competency levels."

Each BON, SNA, and PNA was requested to describe strategies that could be or were being used to address those issues indicated as having a "high priority". Strategies were suggested by 24 BONs, 7 SNAs, and 5 PNAs. Following review, the statements were grouped according to common themes and will be summarized for each group of respondents and on an overall basis.

1. Boards of Nursing

The strategy most frequently identified by BONs (n = 10) was education of nurses, co-workers, and the public through open meetings, discussions, and/or the provision of printed materials. This strategy was followed by one stating the need for coordinating educational programs (6 BONs). As a point of explanation, one BON stated that "interactions between educational approving bodies will become critical as there is considerable division among the ranks."

Five BONs indicated there is a need to gather data to document implied benefits, obtain accurate information as to the impact of various issues, and/or assess manpower needs and educational constraints. Other strategies identified by four or less BONs included exploration of legal opinions; publicizing strategies in order to promote successful implementation of any changes; promotion of collaboration and input from nursing service and nursing education; exchange of information with legislators, attorneys general, and other governmental bodies; the need for grass roots involvement in developing revisions of statutes and/or rules and regulations; BON liaison with SNAs, task forces and commissions; and, last but not least, promoting nurse unity.

2. RN State Level Nurses' Associations

The strategy most frequently identified by the SNAs (n = 5) was the need to educate nurses, the general public, legislators, and consumers. Other strategies were: establishing a statewide communication network, lobbying legislators, promoting collaboration with other nursing groups and the board of nursing during plan development, promoting curriculum revision, promoting appropriate utilization of nurses educated at different levels, identifying financial resources for upgrading educational preparation for individual nurses, and promoting a national effort to standardize titling, examinations, and inter-state mobility.

3. PN State Level Nurses' Associations

The strategy most frequently identified by PNAs (n = 3) was the need to promote information exchange between nurses, nursing organizations, other health professions, nursing education, and employers. Other strategies identified were: promotion of uniform educational preparation and the upgrading of educational programs, collaboration with other groups interested in developing implementation plans and the need to standardize educational requirements.

4. Summary

The strategies identified by the BONs, SNAs, and PNAs that were common to all three groups and received the most support were: (a) the need to educate all individuals having an interest in the requirements for entry into nursing practice, and (b) promoting a plan for education of nurses that is the result of a unified effort.

F. Perceived Role of the National Council

All three groups were requested to identify what role the National Council should undertake to facilitate resolution of state and national issues resulting from changes in educational preparation requirements for entry into practice. The responses of each group will be presented separately and then will be summarized.

1. Boards of Nursing

The major role of the National Council, as suggested by 31 of the 36 BONs responding to this question, should be the establishment of a clearinghouse to facilitate the exchange of information. Other strategies identified to promote information exchange included the provision of opportunities for discussion of the topic at annual meetings and at area meetings.

The most frequently identified type of information to be shared pertained to activities occurring in other jurisdictions. Two BONs suggested that the National Council provide Member Boards with lists of issues to be considered when planning for implementation of changes in educational requirements and, also, information relative to legal challenges to changes in educational requirements.

The development of licensure examinations to reflect changes in educational preparation requirements was identified by 19 BONs. Of these, 5 specifically identified the need for 2 new examinations and 2 addressed the possible need for a third examination, at least on an interim basis, for baccalaureate graduates.

A third group of statements concerned the National Council's role in promoting interstate standardization (9 BONs). Six of these BONs commented that NCSBN should encourage standardization of approaches or provide guidelines to promote such standardization. Specifically suggested strategies were (a) the preparation of a model practice act and model rules and regulations, (b) the development of standard titles and competency levels, and (c) provision of guidelines for definitions and educational requirements.

Five BONs identified potential National Council strategies for addressing interstate mobility issues. Specific strategies suggested were: (a) clarification of interstate mobility issues, (b) provision of policies for promoting interstate endorsement, and (c) facilitation of problem solving relative to these issues.

Other National Council roles suggested by BONs were: (a) collaboration with ANA and other nursing organizations to help solve the problems related to changes in requirements for entry (4 BONs) and (b) the conduct of studies to determine the national perspective on entry (2 BONs). One final area addressed whether the National Council should take a formal position on EIP requirements. These suggestions were: (a) remain without a position (1 BON), (b) eventually publish a position statement (2 BONs), and (c) endorse educational requirements for upgrading the profession with a baccalaureate required for the RN and the associate degree required for the technical level (1 BON).

2. RN State Level Nurses Associations

The most frequently suggested role the National Council should undertake, as identified by 9 of the 18 SNAs responding to this question, addressed the development of examinations. Of those suggesting activity in this area, 1 SNA suggested the development of a third examination, while 4 SNAs suggested the development of two new examinations.

A second area of involvement (7 SNAs) addressed whether the National Council should take a formal position on EIP requirements or the role the National Council should take in facilitating adoption of EIP proposals. These suggestions were: take no

position (1 SNA); take an active supporting role or proactive role in supporting proposed changes (5 SNAs); and develop a position in support of standardization of the educational base for nursing practice (1 SNA).

Other suggested National Council roles were: (a) collaboration with ANA and other nursing organizations to help solve problems (2 SNAs); (b) promotion of standardization through the development of a model NPA (1 SNA) and the development of competency statements (1 SNA); (c) establishment of a clearinghouse to facilitate the exchange of information (4 SNAs); (d) facilitation of interstate mobility and endorsement (3 SNAs); (e) provision of consultation or advice to SNAs who are implementing their positions (2 SNAs); and (f) development of instruments to measure competencies of technical and baccalaureate nurses (1 SNA).

3. PN State Level Nursing Association

The most frequently suggested role that the National Council should undertake, as identified by 6 of the 8 PNAs responding to this question, was the promotion of standardization through development of a model NPA, standards of practice, or definitions; the identification of competencies; or the promotion of uniform educational requirements.

The second most frequently suggested role addressed the position the National Council should take in regard to changes in EIP requirements. These were: (a) play no role (2 PNAs) and (b) take a firm position on entry (1 PNA). Other suggested National Council roles were (a) establishment of a clearinghouse (2 PNAs) and (b) development of examinations (2 PNAs).

4. Summary

There was a great deal of similarity in the types of roles that the National Council could engage in to facilitate resolution of state and national issues resulting from the implementation of changes in EIP requirements. The most frequently identified role suggested by the BONs was that of establishing a clearinghouse to facilitate the exchange of information. This was also identified by a few SNAs and PNAs. The role of the National Council in developing new licensing examinations was addressed primarily by the BONs and the SNAs but also by the PNAs. There was diversity in opinions as to whether two or three licensing examinations should be developed. Suggestions were offered, mainly by BONs and PNAs, as to how the National Council could promote interstate standardization, especially in those areas that affected interstate mobility. The final area receiving some degree of support from the SNAs and PNAs, but also mentioned by a small percentage of the BONs, was the development of a position statement. However, there was no consensus as to what that position should be since the entire range of possibilities was suggested (i.e., no position, position of neutrality, position in support of the status quo, and position in favor of a change).

Summary

The survey results indicate that the responding BONs, SNAs, and PNAs have adopted a variety of positions regarding requirements for entry into nursing practice. The predominate position of the BONs is that of no position. The predominate position of responding SNAs is one of support for two levels of nursing practice, a baccalaureate degree required for entry at the professional level and an associate degree for entry at

the second level. There is no consensus on titling. Responses of PNAs revealed a variety of positions. The NAPNES affiliates adopted a position of maintaining the status quo while a majority of the NFLPN affiliates adopted a position supporting two levels of nursing practice with the associate degree required for entry at the second level and retention of the title Licensed Practical Nurse.

Although there appears to be SNA support for changing EIP requirements, only 7 of the 25 responding SNAs reported they were actively engaged in the development or introduction of legislative proposals. Where the SNAs have taken the initiative in the development of legislative proposals, they and the corresponding BONs and/or PNAs reported wide-spread involvement by members of the nursing community. Most legislative proposals were reported to be in a developmental stage. However, the New York proposal is in legislative committees and the Maine legislative proposal was introduced in December 1985.

Changes in rules and regulations governing educational preparation for entry have been developed by the BONs in North Dakota and West Virginia (RN Board). Those in North Dakota were scheduled for printing in March 1986 and implementation in January 1987. The proposed changes in West Virginia were undergoing review in legislative committee.

A total of 18 jurisdictions reported that competency statements were being developed for graduates from different types of educational programs. A wide variety of resources and collaborators were used in preparation of these statements. However, as was previously noted, there was very little duplication of responses within a specific jurisdiction when more than one group responded. This was also true with regard to projected dates for implementation of changes in educational preparation. It is also of interest that many respondents reporting implementation dates did not report activity regarding proposals for the development of changes in statutory language or rules and regulations.

The predominant issues identified with regard to the inclusion of grandfather or waiver clauses were those of acceptance and interstate mobility. Interstate mobility, nurse acceptance of implementation plans, cost benefits, educational mobility, and interstate differences in titling and expected competencies were the most frequently identified issues that respondents indicated would have an impact on the implementation of changes in entry requirements. The strategies receiving the most support for dealing with these issues were the education of all individuals with an interest in the requirements for entry into practice and the promotion of an educational preparation plan that is the culmination of a unified effort.

The suggested roles that the National Council should pursue in facilitating resolution of state and national level issues associated with implementation of entry requirements were the establishment of a clearinghouse, the development of new examinations, and the promotion of interstate standardization. There was diversity of opinions regarding what, if any, position the National Council should adopt with regard to the entry issue.

Recommendations

The Committee moves adoption of the recommendations listed at the beginning of this report.

Table 1
Position Taken on Changing Entry into Practice Requirements by Member Boards and Nursing Associations by Area and Jurisdiction

Jurisdiction	Group	Representing	Position
Area I			
AK	Board	RN & PN	None
AK	SNA	RN	ANA* – no Level 2 title
AZ	Board	RN & PN	None
CA-RN	Board	RN	None
CO	Board	RN & PN	None
CO	NFLPN	PN	NFLPN**
GU	Board	RN & PN	None
HI	Board	RN & PN	None
ID	Board	RN & PN	ANA with different Level 2 title
MT	Board	RN & PN	Neutral
MT	NFLPN	PN	Maintain current requirements
MT	SNA	RN	ANA with different Level 2 title
NM	Board	RN & PN	None
NM	NFLPN	PN	None
NV	Board	RN & PN	ANA – no Level 2 title
NV	SNA	RN	ANA
OR	Board	RN & PN	None
UT	Board	RN & PN	None
UT	NAPNES	PN	Maintain current requirements
UT	SNA	RN	ANA
WA-RN	Board	RN	None
WA	SNA	RN	ANA – no Level 2 title
WA-PN	Board	PN	None
WA	NAPNES	PN	Maintain current requirements
WY	Board	RN & PN	Motion
WY	NFLPN	PN	None
WY	SNA	RN	ANA – no Level 2 title
Area II			
IL	Board	RN & PN	None
IL	NFLPN	PN	NFLPN
IL	SNA	RN	ANA
IN	Board	RN & PN	None
IA	Board	RN & PN	None
IA	NFLPN	PN	NFLPN
KS	Board	RN & PN	None
MI	Board	RN & PN	None
MI	NAPNES	PN	Maintain current requirements
MI	SNA	RN	ANA
MN	Board	RN & PN	No authority to take position
MO	Board	RN & PN	Will not take a position
MO	NFLPN	PN	None
NE	Board	RN & PN	None
NE	NFLPN	PN	None
NE	SNA	RN	ANA

Table 1 continued

Jurisdiction	Group	Representing	Position
Area II continued			
ND	Board	RN & PN	ANA with different Level 2 title
ND	SNA	RN	ANA with different Level 2 title
OH	Board	RN & PN	None
OH	NAPNES	PN	Maintain current requirements
OH	SNA	RN	ANA
SD	Board	RN & PN	ANA – titles not determined
SD	NAPNES	PN	Maintain current requirements
WI	Board	RN & PN	Will not take a position
WI	NFLPN	PN	NFLPN
WV-RN	Board	RN	ANA – no Level 2 title
WV-PN	Board	PN	None
Area III			
AL	Board	RN & PN	None
AL	NFLPN	PN	NFLPN
AR	Board	RN & PN	None
AR	SNA	RN	ANA
FL	Board	RN & PN	None
FL	NAPNES	PN	Maintain current requirements
FL	NFLPN	PN	NFLPN
GA-RN	Board	RN	Will not take a position
GA-PN	Board	PN	None
KY	Board	RN & PN	None
KY	SNA	RN	ANA
LA-RN	Board	RN	None
LA	SNA	RN	ANA – with different Level 2 title
LA-PN	Board	PN	None
MS	Board	RN & PN	None
MS	SNA	RN	ANA – with different Level 2 title
NC	Board	RN & PN	None
NC	NFLPN	PN	NFLPN
OK	Board	RN & PN	Will not take a position
OK	NFLPN	PN	NFLPN
OK	SNA	RN	ANA – with different Level 2 title
SC	Board	RN & PN	None
SC	NFLPN	PN	None
TN	Board	RN & PN	None
TN	NFLPN	PN	None
TX-RN	Board	RN	None
TX-PN	Board	PN	None
VA	Board	RN & PN	None
VA	NFLPN	PN	Support 2 levels

Table 1 continued

Jurisdiction	Group	Representing	Position
Area IV			
CT	Board	RN & PN	Maintain current requirements
DC-RN	Board	RN	Will not take a position
DC-PN	Board	PN	None
DE	Board	RN & PN	None
DE	NAPNES	PN	None
DE	SNA	RN	Maintain current requirements
MA	Board	RN & PN	Maintain current requirements
MA	SNA	RN	ANA
MD	Board	RN & PN	None
MD	NFLPN	PN	None
MD	SNA	RN	None
ME	Board	RN & PN	Neutral
ME	SNA	RN	ANA
NH	Board	RN & PN	None
NH	NFLPN	PN	NFLPN
NJ	Board	RN & PN	None
NJ	NAPNES	PN	Maintain current requirements
NJ	SNA	RN	ANA
NY	Board	RN & PN	ANA – no titles identified
NY	SNA	RN	ANA – with different Level 1 title
PA	Board	RN & PN	None
PA	SNA	RN	ANA – with different Level 1 and Level 2 titles
RI	Board	RN & PN	None
RI	NFLPN	PN	NFLPN
RI	SNA	RN	None
VT	Board	RN & PN	None
VT	SNA	RN	ANA – no titles identified
VI	Board	RN & PN	Will not take a position

*ANA position – Level 1: Education – Baccalaureate degree, Title – Registered Nurse; Level 2: Education – Associate degree, Title – Associate Nurse.
 **NFLPN position – Two levels; Level 2: Education – Association degree (18-24 months), Title – Licensed Practical Nurse.

Table 2
Frequency and Proportion of Member Boards and Nursing Associations Adopting Specific Positions on Changing Entry Into Practice Requirements

Position	Groups			
	BON	SNA	NFLPN	NAPNES
ANA *		11		
ANA — no titles identified	3	1		
ANA — Title 2 not identified		3		
ANA — different Title 1		1		
ANA — different Title 2	2	5		
ANA — different Title 1 & 2		1		
ANA — Titles not identified	3	1		
NFLPN **			10	
Support 2 levels			1	
Motion in support of 2 levels	1			
Current requirements	2	1	1	7
No authority to take position	1			
No position taken	41	2	7	1
Will not take a position	6			

*ANA position — Level 1: Education requirement — Baccalaurate degree, Title — Registered Nurse; Level 2: Education — Associate degree, Title — Associate Nurse.

**NFLPN position — Support two levels. Level 2: Educational requirement — Associate degree; Title — Licensed Practical Nurse.

Table 3
Proposed Titles and Minimum Educational Requirement for Entry into Practice Identified
by Boards of Nursing and Nursing Associations Supporting a Change in Entry
Requirements, by Area and Jurisdiction

Jurisdiction	Group	Level 1		Level 2		Level 3	
		Educa- tion	Title	Educa- tion	Title	Educa- tion	Title
Area I							
AK	SNA	BSN	Registered Nurse				
CO	NFLPN	ADN	Licensed Practical Nurse				
ID	Board	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
MT	SNA	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
NV	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
WA	SNA	BSN	Registered Nurse	ADN	(not determined)		
WY	SNA	BSN	Registered Nurse	ADN	(not identified)		
Area II							
IL	NFLPN		(no stand)	ADN	Licensed Practical Nurse		
IL	SNA	BSN	Licensed Registered Nurse	ADN	Associate Nurse		
MI	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
NE	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
ND	Board	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
ND	SNA	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
OH	SNA		(not provided)		(not provided)		
SD	Board	BSN	(not determined)	ADN	(not determined)		
WI	NFLPN	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
WV-RN	Board	BSN	Professional Registered Nurse		(not addressed)		
Area III							
AL	NFLPN	4 yr.	Registered Nurse	2 yr.	Licensed Practical Nurse		
AR	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
FL	NAPNES	4 yr.	Registered Nurse – BSN	2 yr.	Technical – Associate	12-18 mon.	Lic. Practical Nurse
FL	NFLPN		(not provided)	ADN	Licensed Practical Nurse/ or Licensed Nurse		
KY	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
LA	SNA	BSN	Registered Nurse	ADN	(not determined)		
MS	SNA	BSN	Registered Nurse	ADN	Registered Nurse Associate		
OK	NFLPN	4 yr.	Registered Nurse	18 mon.	Licensed Practical Nurse		
OK	SNA	BSN	Registered Nurse	ADN	Licensed Practical Nurse/ or Associate Nurse		
SC	Board Comm.	BSN	(not determined)	ADN	(not determined)		
VA	NFLPN		(not provided)	ADN	Licensed Practical Nurse		
Area IV							
ME	SNA	BSN	Registered Nurse	ADN	Licensed Practical Nurse		
MA	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
NJ	SNA	BSN	Registered Nurse	ADN	Associate Nurse		
NY	Board	BSN	(not identified)	ADN	(not identified)		
NY	SNA	BSN	Nurse	ADN	Associate Nurse		
PA	SNA	BSN	Registered Professional Nurse	ADN	Associate Nurse		
VT	SNA	BSN	(not determined)	ADN	(not determined)		

Table 4
Areas of Statute Change Perceived as Necessary by Member Boards and Nursing Associations if Entry Requirements are Changed, by Area and Jurisdiction

Jurisdiction	Group	Area of Change Required			
		Definitions	Educational Requirements	Scope of Practice	Licensure Requirements
Area I					
AK	Board	Yes		Yes	Yes
AK	SNA	Yes	Yes	Yes	Yes
AZ	Board	Yes	Yes	Yes	Yes
HI	Board	Yes	Yes		
MT	Board	*	*	*	*
MT	NFLPN	Yes	Yes	Yes	
MT	SNA		Yes		
NV	Board	Yes	Yes	Yes	Yes
NV	SNA	Yes	Yes	Yes	Yes
OR	Board	Yes	Yes	Yes	Yes
UT	NAPNES	Yes	Yes	Yes	Yes
UT	SNA	Yes		Yes	
WA	NAPNES	*	*	*	*
Area II					
IL	NFLPN	Yes	Yes	Yes	
IL	SNA	Yes	Yes		
IN	Board	Yes	Yes	Yes	Yes
IA	Board	?	Yes	?	?
IA	NFLPN	*	*	*	*
KS	Board	Yes	Yes	Yes	Yes
MI	SNA	Yes	Yes	Yes	Yes
MN	Board	*	*	*	*
MO	NFLPN		Yes		Yes
NE	NFLPN	Yes	Yes	Yes	Yes
NE	SNA	Yes	Yes		Yes
OH	Board	Yes	Yes	Yes	Yes
SD	Board	Yes	Yes	Yes	Yes
SD	NAPNES	Yes	Yes	Yes	Yes
WV-PN	Board		Yes		
WI	Board	*	*	*	*
WI	NFLPN	Yes	Yes	Yes	Yes
Area III					
AL	Board	Yes	Yes	Yes	Yes
AL	NFLPN	Yes	Yes	Yes	Yes
AR	SNA	Yes	Yes		Yes
FL	NFLPN	Yes		Yes	
GA-PN	Board	Yes	Yes	Yes	
KY	SNA		Yes	Yes	
LA-RN	Board	Yes		Yes	Yes
MS	Board	Yes	Yes	Yes	Yes
MS	SNA	Yes	Yes	Yes	Yes
NC	NFLPN	Yes	Yes	Yes	

Table 4 continued

Jurisdiction	Group	Area of Change Required			
		Definitions	Educational Requirements	Scope of Practice	Licensure Requirements
Area III continued					
OK	Board	Yes	Yes	Yes	Yes
OK	NFLPN	Yes	Yes	Yes	Yes
OK	SNA	Yes	Yes		
SC	Board	Yes	Yes	Yes	
SC	NFLPN	Yes	Yes	Yes	Yes
TN	NFLPN	Yes	Yes	Yes	Yes
TX-RN	Board	Yes	Yes	Yes	Yes
VA	Board	Yes	Yes		Yes
VA	NFLPN	Yes	Yes	Yes	Yes
Area IV					
CT	Board		Yes		
DC-PN	Board	Yes			Yes
DE	NAPNES	Yes	Yes		Yes
ME	Board	Yes	Yes	Yes	Yes
ME	SNA	Yes	Yes		
MD	Board	Yes	Yes	Yes	Yes
MD	NFLPN		Yes		
MD	SNA	Yes	Yes	Yes	Yes
MA	Board	*	*	*	*
MA	SNA	Yes	Yes	Yes	Yes
NH	Board	Yes	Yes	Yes	Yes
NH	NFLPN	Yes	Yes		
NJ	Board	*	*	*	*
NJ	NAPNES	Yes	Yes	Yes	Yes
NJ	SNA	Yes	Yes	Yes	Yes
NY	Board	Yes	Yes	Yes	Yes
NY	SNA		Yes		
PA	Board	Yes	Yes	Yes	Yes
RI	Board		Yes	Yes	Yes
RI	NFLPN	Yes	Yes	Yes	Yes
VT	Board		Yes	Yes	Yes
VT	SNA	Yes	Yes	Yes	Yes
VI	Board		Yes	Yes	Yes

*Did not identify specific area(s) of the statutes that would need to be changed.

Table 5
Summary of Areas of Statute Change Perceived as Necessary if Entry Requirements are Changed, by Type of Reporting Group

Area of Change	Group			
	BON (n = 34)	SNA (n = 17)	NFLPN (n = 16)	NAPNES (n = 5)
Definitions	25	14	13	4
Educational Requirements	26	16	14	4
Scope of Practice	23	9	12	3
Licensure Requirements	23	12	10	4
Not Identify Specific Areas	6		1	1

Table 6
Areas of Administrative Rule Change Perceived as Necessary by Member Boards and Nursing Associations if Entry Requirements are Changed, by Area and Jurisdiction

Jurisdiction	Group	Area of Change Required			
		Definitions	Educational Requirements	Scope of Practice	Licensure Requirements
Area I					
AK	Board		Yes		Yes
AZ	Board	Yes	Yes	Yes	Yes
CA-RN	Board	Yes	Yes	Yes	Yes
CO	Board	*	*	*	*
CO	NFLPN	Yes			
GU	Board	Yes	Yes		Yes
HI	Board	Yes	Yes		Yes
ID	Board		Yes	Yes	Yes
NM	NFLPN		Yes		
NV	Board	Yes	Yes	Yes	Yes
NV	SNA	Yes	Yes	Yes	Yes
MT	Board	*	*	*	*
MT	SNA	*	*	*	*
OR	Board	Yes	Yes	Yes	Yes
UT	Board		Yes		Yes
UT	NAPNES	*	*	*	*
UT	SNA	Yes	Yes	Yes	Yes
WA	NAPNES	Yes	Yes	Yes	Yes
WA	SNA	*	*	*	*
WY	Board	Yes	Yes		
Area II					
IL	NFLPN	Yes	Yes	Yes	
IN	Board	Yes	Yes	Yes	Yes
IA	Board		Yes	?	
IA	NFLPN	*	*	*	*
KS	Board	Yes	Yes	Yes	Yes
MI	Board		Yes		Yes
MI	SNA		Yes		Yes
MN	Board		Yes		
MO	NFLPN	Yes			Yes
NE	Board	*	*	*	*
NE	NFLPN	Yes	Yes		
NE	SNA	Yes	Yes	Yes	Yes
ND	Board	Yes	Yes		
ND	SNA		Yes	Yes	Yes
OH	Board	Yes	Yes	Yes	Yes
OH	NAPNES		Yes		
SD	Board	Yes	Yes	Yes	Yes
SD	NAPNES	Yes	Yes	Yes	Yes
WV-PN	Board		Yes		Yes
WV-RN	Board	Yes	Yes		Yes

Table 6 continued

Jurisdiction	Group	Area of Change Required			
		Definitions	Educational Requirements	Scope of Practice	Licensure Requirements
Area III					
AL	Board	Yes	Yes	Yes	Yes
AL	NFLPN	Yes	Yes	Yes	Yes
AR	SNA			Yes	
FL	NAPNES	Yes	Yes	Yes	Yes
FL	NFLPN		Yes	Yes	Yes
GA-PN	Board	Yes	Yes	Yes	
GA-RN	Board	Yes	Yes	Yes	Yes
LA-RN	Board	Yes	Yes	Yes	Yes
LA	SNA		Yes		
MS	Board	Yes	Yes	Yes	Yes
MS	SNA	Yes	Yes	Yes	Yes
NC	NFLPN	Yes	Yes	Yes	
OK	Board	Yes	Yes	Yes	Yes
OK	NFLPN	Yes	Yes	Yes	Yes
SC	Board	Yes	Yes	Yes	Yes
SC	NFLPN	Yes	Yes	Yes	Yes
TN	Board	Yes	Yes	Yes	Yes
TN	NFLPN	*	*	*	*
TX-PN	Board	Yes	Yes	Yes	Yes
VA	Board	Yes	Yes		Yes
VA	NFLPN	Yes	Yes	Yes	Yes
Area IV					
CT	Board		Yes		
DE	Board		Yes		
DE	NAPNES	Yes	Yes	Yes	Yes
DC-PN	Board	*	*	*	*
DC-RN	Board		Yes		Yes
ME	Board	Yes	Yes	Yes	Yes
ME	SNA	*	*	*	*
MD	Board	Yes	Yes		Yes
MD	NFLPN		Yes		
MA	Board	*	*	*	*
MA	SNA	Yes	Yes	Yes	Yes
NH	Board	Yes	Yes	Yes	Yes
NJ	Board	Yes	Yes	Yes	Yes
NJ	SNA	*	*	*	*
NY	SNA	*	*	*	*
PA	Board	Yes	Yes	Yes	Yes
PA	SNA		Yes	Yes	Yes
RI	Board	Yes	Yes	Yes	Yes
RI	NFLPN	Yes	Yes	Yes	Yes
RI	SNA		Yes		
VT	Board	Yes	Yes	Yes	Yes
VI	Board	*	*	*	*

*Did not identify specific areas of the administrative rules that would need to be changed.

Table 7
Summary of Areas of Administrative Rule Change Perceived as Necessary if Entry Requirements are Changed, by Type of Reporting Group

Area of Change	Group			
	BON (n = 47)	SNA (n = 15)	NFLPN (n = 16)	NAPNES (n = 6)
Definitions	31	5	11	4
Educational Requirements	41	10	11	5
Scope of Practice	25	7	9	4
Licensure Requirements	34	9	9	4
Not Identify Specific Areas	6	5	2	1

Table 8
Member Board's and Nursing Association's Preference for Implementing Changes
in Entry Requirements via Administrative Rule Changes or Statutory Changes, by Area
and Jurisdiction

Jurisdiction	Group	Preference Proceed with Rule Change	Proceed with Statute Change
Area I			
AK	Board		Yes
AZ	Board		Yes
CO	NFLPN	Yes	
GU	Board	Yes	
ID	Board	Yes	
NM	NFLPN		Yes
NV	SNA		Yes
OR	Board		Yes
UT	Board	*	Will do both
UT	NAPNES		Yes
UT	SNA		Yes
Area II			
IL	SNA		Yes
IL	NFLPN		Yes
KS	Board	Yes	??
MI	Board	??	??
NE	SNA		Yes
ND	Board	Yes	
ND	SNA	Yes	
OK	Board		Yes
SD	NAPNES		Yes
WV-RN	Board	Yes	
Area III			
AL	NFLPN	Not sure	
GA-PN	Board		Yes
GA-RN	Board	Yes	
LA-RN	Board	Belive it will be this approach	
LA	SNA	Yes	
MS	SNA	??	??
NC	NFLPN		Yes
OK	NFLPN		Yes
SC	Board	Yes**	Only if title change required
TN	Board	Yes	
VA	NFLPN	Yes	

Table 8 continued

Jurisdiction	Group	Preference Proceed with Rule Change	Proceed with Statute Change
Area IV			
MA	SNA		Yes
NH	Board	??	??
NJ	SNA		Yes
NY	SNA		Yes
PA	Board	Yes	
RI	Board		Yes
RI	SNA	Yes	
VI	Board	Yes	
VT	Board		Most likely approach

*If statute changed, administrative rules will need to be changed.
 **Administrative rule change preferred; if title changes are desired, a statutory change would be necessary.

Table 9
Development of Competency Statements and Plans for Implementation of Changes in
Entry Requirements Reported by Member Boards and Nursing Associations, by
Jurisdiction and Area

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Jurisdiction	Group	Competency Statements		Implementation Plan		Plan Will/Does Include	
		Developed	Different	Target Date	Developed	Grandfather Clause	Waiver Clause
Area I							
AK	Board	No		1995	No		
AK	SNA	In process		1995	In process		
CO	NFLPN				Planning stage	Yes	Yes
GU	Board	No		1992	No	Yes	Yes
ID	Board	Commission working on		1992	No		
MT	SNA	Yes	No	1992	Yes	Yes	
NM	NFLPN	No		1994	No	No	No
NV	SNA	In process		1992	No	Yes	No
UT	NAPNES	Yes	No				
UT	SNA	No		1992	No	Yes	Yes
Area II							
IL	NFLPN	No		1987	No	Yes	
IL	SNA			1995	Yes	Yes	
IA	NFLPN	No		1990	No	No	No
NE	SNA	In process			In process	No	
ND	Board	Yes		1987	Yes	Yes	No
ND	SNA	Yes	Yes	1987	Yes	Yes	No
OK	NFLPN					Yes	
SD	Board	In process	Yes	Not ID yet	No	Under study	Under study
WV-RN	Board	No		1992	In process	??	No
Area III							
AL	NFLPN	In process	Yes			Hopefully	
AR	SNA	In process	Yes	1995	No	Yes	
FL	NFLPN	In process	Yes		No		
KY	SNA	No		1992	No	Yes	Yes
LA	SNA			1992	No	??	
MS	SNA	No		1991	In process	No	Yes
NC	NFLPN	No		1994	No	Yes	
OK	NFLPN	No		1987	No	No	
OK	SNA	No		1990	Yes	To be determined	No
SC	Board*	Yes	Yes	1995	Yes	Yes	No
SC	NFLPN			1995	No	Yes	Yes
VA	NFLPN	Yes			No		

Table 9 continued

Jurisdiction	Group	Competency Statements		Implementation Plan		Plan Will/Does Include	
		Developed	Different	Target Date	Developed	Grandfather Clause	Waiver Clause
Area IV							
ME	SNA	Yes	Yes	1995	In process	Yes	Yes
MA	SNA	Yes	No	1987	Yes	Yes	No
NH	NFLPN					Yes	
NJ	SNA	Yes	Yes		No		
NY	SNA	Yes	Yes		No	Yes	No
PA	SNA	No			Yes	Yes	No
RI	SNA			1990	No	Yes	
VT	SNA	Yes	Yes		No		

*Activities reported are those of a Committee of the South Carolina Board; the full Board has not taken action.

Table 10
Mean Priority Ratings of Entry Into Practice Issues
for Member Boards and Nursing Associations

Issue	Group		
	BON (n = 38)	SNA (n = 16)	PNA (n = 21)
Legal challenge to proposed implementation plan	2.44	2.38	2.48
Cost benefit to the public	2.34	2.75	2.62
Cost benefit to individual nurses	2.26	2.38	2.43
Cost benefit to employers	2.39	2.50	2.19
Cost benefit to educational institutions	2.37	2.31	2.24
Grandfathering (Interstate mobility issues)	2.71	2.50	2.38
Grandfathering (Intrastate issues)	2.40	2.50	2.38
Waivering (Interstate mobility issues)	2.13	2.25	2.10
Waivering (Intrastate issues)	2.00	2.06	2.14
Endorsement (Interstate mobility issues)	2.68	2.38	2.29
Differences in titles (Interstate issues)	2.26	2.44	2.67
Levels of competency (Interstate issues)	2.55	2.69	2.62
Educational mobility	2.39	2.75	2.62
Effects on advanced practice/expanded roles	1.79	2.25	2.10
Upgrading faculty educational preparation	2.21	2.25	2.33
Nurse acceptance	2.76	3.00	2.76
Public acceptance	2.29	2.62	2.29
Other health professionals' acceptance	2.26	2.69	2.24
Employer acceptance	2.26	2.69	2.57
Proliferation of unlicensed personnel	2.21	2.00	2.33

New Business

Resolution on Entry into Practice

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WHEREAS the 1985 Delegate Assembly of the National Council of State Boards of Nursing, Inc. passed a resolution directing the National Council to establish a committee to develop a report on entry into practice for the 1986 Delegate Assembly, and

WHEREAS some state boards of nursing are developing position statements and implementation processes relative to changing nursing educational requirements for entry into practice, and

WHEREAS the National Council has taken no position on entry into practice, and

WHEREAS the National Council's absence of a position has been interpreted as a position in favor of or opposed to entry into practice, therefore be it

RESOLVED that the National Council of State Boards of Nursing, Inc. adopt a formal position of neutrality on changes in nursing educational requirements for entry into practice and that it be disseminated along with its rationale to the nursing profession, and be it further

RESOLVED that the National Council's clearinghouse for information addressing entry into practice continue until deemed unnecessary, and be it further

RESOLVED that the entry into practice report committee continue to monitor the issue of entry into practice activities and submit an updated report at each Delegate Assembly.

Submitted by

Utah State Board of Nursing

Co-sponsored by

Arizona State Board of Nursing

California Board of Vocational Nurse and Psychiatric Technician Examiners

Colorado Board of Nursing

Washington State Board of Nursing

