Summary of Recommendations to the 2016 Delegate Assembly

Board of Director Recommendations:

1. Approve the proposed Strategic Initiatives for the years 2017-2019.

   **Rationale:**
   The proposed strategic initiatives have been developed through a process of consultation commencing with an initial kick-off meeting by the Board in October 2015. The Strategic Initiatives have been subject to consultation with members at the midyear meeting and will be presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that the Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives.

   **Fiscal Impact:**
   Consequences will be incorporated into FY2016-19 budgets.

2. Approve the Association of New Brunswick Licensed Practical Nurses as an Associate Member of NCSBN.

   **Rationale:**
   The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

   **Fiscal Impact:**
   Upon acceptance, each new associate member will pay a $1,500 annual fee.

3. Approve the Licensed Practical Nurses Registration Board of Prince Edward Island as an Associate Member of NCSBN.

   **Rationale:**
   The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

   **Fiscal Impact:**
   Upon acceptance, each new associate member will pay a $1,500 annual fee.

4. Approve the College of Registered Psychiatric Nurses of British Columbia as an Associate Member of NCSBN.

   **Rationale:**
   The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

   **Fiscal Impact:**
   Upon acceptance, each new associate member will pay a $1,500 annual fee.
5. Approve proposed amendments to the NCSBN Bylaws

**Rationale:**
Article XIV requires that any proposed changes to the Bylaws be notified to members at least 45 days prior to the delegate assembly and that a *two-thirds affirmative vote of the delegates present and voting* is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly *a three-quarters affirmative vote of the delegates present and voting* is required.

**Fiscal Impact:** None

**NCLEX® Examination Committee Recommendation:**

6. Adopt the proposed 2017 NCLEX-PN® Test Plan.

**Rationale:**
The NCLEX® Examination Committee reviewed and accepted the Report of Findings from the 2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2016) as the basis for recommending revisions to the 2014 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from Member Boards and legal counsel, and the professional judgment of the NCLEX® Examination Committee provide support for the recommendation to the Delegate Assembly to adopt the 2017 NCLEX-PN® Test Plan.

**Fiscal Impact:**
Incorporated into the FY2017 budget.

**Leadership Succession Committee Recommendations:**

7. Adopt the 2016 Slate of Candidates.

**Rationale:**
The Leadership Succession Committee has prepared the 2016 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of the NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate’s Forum on Wednesday, August 17, 2016.

**Fiscal Impact:**
Incorporated into the FY2016 budget.

**References:**

A. Proposed Strategic Initiatives 2017-2019
B. Proposed amendments to the NCSBN Bylaws
C. Proposed revisions to the 2017 NCLEX-PN® Test Plan
D. 2016 Slate of Candidates
NCSBN STRATEGIC PLAN
FY 2017 – FY 2019

Direction
Advance regulatory excellence worldwide

Vision
- Increased scrutiny of the effectiveness and efficiency of regulatory models
- Globalization and increased mobility will drive use of best and evidence-based practice.
- Recognition of need for regulatory and education systems to be aligned to the changing health care environment
- Changing population demographics and acute and morbidity of chronic diseases
- Nurses will remain in high demand but team-based regulatory models will be explored

Narrative
Defining the nurse licensure regulatory framework for borderless health care delivery over the next few years will be complex and challenging. It will require increased collaboration with multiple stakeholders and involve working synergistically with the support of technology to deliver optimal results.

Telehealth’s influence in health care has increased over the last two decades, it has taken on new political influence that will impact the state-based licensure system and will require new ways of working outside our traditional jurisdictional borders. Being cognizant of the legislative process, keeping an eye on current and emergent issues, as well as knowledgeable of where and how regulators can get involved will help accelerate the achievement of desired results for BONs and public protection.

NCSBN’s purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind and recognizing the fast pace of change occurring in the health care environment, NCSBN needs to be on the cutting edge of evidence, knowledge and practice relating to regulatory systems that support contemporary health care. NCSBN must be a thought leader, informed by wider global and regional changes, and fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed licensure. NCSBN will be proactive in identifying emergent trends so as to propose innovative yet pragmatic solution. To this end NCSBN will further nurture communication with all its stakeholders so as to interpret and prioritize multiple levels of often conflicting perspectives, data and information.

Rationale
- Need for proactive, rather than reactive, regulatory models and visible regulatory leadership
- Proactive management and innovative alternatives to address the call for federal licensure/reconstitution of BONs to implement “active supervision”
- Changes in generational values
- Equipment to deal with increasingly financially challenging and publically accountable governance environments

Foundation
- Collaboration
- Excellence
- Innovation
- Integrity
- Transparency

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

A: Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

B: Champion regulatory solutions to address borderless health care delivery.

C: Expand the active engagement and leadership potential of all members.

D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind and recognizing the fast pace of change occurring in the health care environment, NCSBN needs to be on the cutting edge of evidence, knowledge and practice relating to regulatory systems that support contemporary health care. NCSBN must be a thought leader, informed by wider global and regional changes, and fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed licensure. NCSBN will be proactive in identifying emergent trends so as to propose innovative yet pragmatic solution. To this end NCSBN will further nurture communication with all its stakeholders so as to interpret and prioritize multiple levels of often conflicting perspectives, data and information.

NCSBN provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.
Article I
Name
The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

Article II
Purpose and Functions
Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN’s functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III
Members
Section 1. Definitions.

a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.

c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use applicable NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, execute a current Terms and
Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s).

Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage engagement, and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. Noncompliance. Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

Delegate Assembly

Section 1. Composition.

a) Designation of Delegates. The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.

b) Qualification of Delegates. Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board as a delegate.

c) Term. Delegates and alternates serve from the time of appointment until replaced.

Section 2. Voting.

a) Annual Meetings. 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 the Annual Meeting.
b) **Special Meetings.** A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

**Section 3. Authority.** The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

**Section 4. Annual Meeting.** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

**Section 5. Special Session.** The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days before the date for which such special session is called.

**Section 6. Quorum.** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

**Section 7. Standing Rules.** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

**Article V**

■ **Officers and Directors**

**Section 1. Officers.** The elected officers of the NCSBN shall be a president, a president-elect and a treasurer.

**Section 2. Directors.** The directors of the NCSBN shall consist of four directors-at-large, and a director from each Area.

**Section 3. Eligibility.**

*a)* Board Members or employees of Member Boards shall be eligible to be elected or appointed as NCSBN officers and at-large or Area directors and they may continue to serve in such capacity until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

*b)* An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

**Section 4. Qualifications for President-elect.** The president-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of president-elect.

**Section 5. Election of Officers and Directors.**
a) **Time and Place.** Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.

b) **Officers and Directors-at-Large.** Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.

c) **Area Directors.** Each Area shall elect its Area director by majority vote of the delegates from each such Area.

d) **Run-Off Balloting.** If a candidate for officer or director does not receive a majority vote on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. Reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.

e) **Voting.**

   (i) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.

   (ii) Cumulative voting for individual candidates is not permitted.

   (iii) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.

   (iv) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

Section 6. **Terms of Office.**

a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.

b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and Area directors shall be elected in odd-numbered years.

c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.

d) The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

Section 7. **Limitations.** No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. **Vacancies.**

a) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.

b) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
c) In the event of a simultaneous vacancy in both the offices of the president and the president-elect, which occurs prior to or on February 1st in any given year, the Board of Directors shall take the following action:

i. In the event the simultaneous vacancies occur prior to or on February 1 in any given year, the Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.

ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.

iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.

iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.

v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.

vi. The office of president-elect shall remain vacant until the next Annual Meeting.

vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.

d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1st in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.

The Board of Directors shall fill vacancies in the office of the treasurer, and directors at large and area directors by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.

Being elected or serving as president an officer or director, under the special election provisions set forth in Section 8(c) of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as president an officer or director under the provisions of a special election under Section 8(c) of this Article and time served as president or president-elect to fill the remainder of a term in either respective office, pursuant to Sections 8(c)(vi) or 8(d) herein shall be excluded from the determination of the term served in office under Section 6 of this Article.

Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

Section 10. Responsibilities of the President-elect. The president-elect shall assist the president, perform the duties of the president in the president’s absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president’s term and fill any vacancy in the office of the president.
Section 11. Responsibilities of the Treasurer. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

Board of Directors

Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board’s acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold an annual meeting and may schedule other regular meetings as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. Quorum and Voting. The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

Section 45. Removal from Office. A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days’ written notice of the proposed removal.

Section 46. Appeal. A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VII

Leadership Succession Committee

Section 1. Leadership Succession Committee

a) Composition. The Leadership Succession Committee shall be comprised of seven members elected by the Delegate Assembly. One member shall be elected from each of the four areas. The remaining members shall be at large members.

b) Term. The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.
c) **Election.** The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.

d) **Limitation.** A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.

e) **Vacancy.** A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling a vacancy shall serve the remainder of the term.

f) **Duties.** The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee’s report shall be read at the first session 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. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.

g) **Eligibility.** Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

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**Article VIII**

**Meetings**

**Section 1. Participation.**

a) **Delegate Assembly Session.**

(i) **Member Boards.** Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).

(ii) **Public.** All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.

b) **Delegate Assembly Forums.** Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

c) **Meetings.** NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.

d) **Interactive Communications.** Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.

e) **Manner of Transacting Business.** To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.
Article IX

Chief Executive Officer

Section 1. Appointment. The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

Section 2. Authority. The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

Section 3. Evaluation. The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer’s annual salary.

Article X

Committees

Section 1. Standing Committees. NCSBN shall maintain the following standing committees.

a) NCLEX® Examination Committee. The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards’ need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.

b) Finance Committee. The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN’s investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. Special Committees. The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. Delegate Assembly Committees. The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. Committee Membership.

a) Composition. Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee’s charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The
president, or president’s designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. Associate Members shall have full voting rights as committee members.

b) **Term.** The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.

c) **Vacancy.** A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

**Article XI**

**Finance**

**Section 1. Audit.** The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

**Section 2. Fiscal Year.** The fiscal year shall be from October 1 to September 30.

**Article XII**

**Indemnification**

**Section 1. Direct Indemnification.** To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney’s fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

**Section 2. Insurance.** To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

**Section 3. Additional Rights.** Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII
- Parliamentary Authority

The rules contained in the current edition of Robert’s Rules of Order Newly Revised shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

Article XIV
- Amendment of Bylaws

Section 1. Amendment and Notice. These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

a) written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or

b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. Bylaws Committee. A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

Article XV
- Dissolution

Section 1. Plan. The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

Firstly, all liabilities and obligations of the NCSBN shall be paid or provided for.

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. Acceptance of Plan. Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.
Section 3. Conformity to Law. Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.
Special Proviso

The amended Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly.

The revised Bylaws shall become effective on the day and upon the adjournment of the 2013 Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws were adopted by the Delegate Assembly. Officers and directors shall be elected in the years 2014–16 in accordance with the following schedule:

<table>
<thead>
<tr>
<th>Positions</th>
<th>2013 Election</th>
<th>2014 Election</th>
<th>2015 Election</th>
<th>2016 Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>X (two-year term only; not eligible for re-election)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>President-elect</td>
<td></td>
<td>X (two-year term)</td>
<td></td>
<td>X (two-year term)</td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td>X (one-year term)</td>
<td>X (two-year term)</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large</td>
<td>X (two-year term)</td>
<td></td>
<td>X (one-year term)</td>
<td>X (two-year term)</td>
</tr>
<tr>
<td>Director-at-Large</td>
<td>X (two-year term)</td>
<td></td>
<td>X (one-year term)</td>
<td>X (two-year term)</td>
</tr>
<tr>
<td>Director-at-Large</td>
<td></td>
<td>X (two-year term)</td>
<td>X (two-year term)</td>
<td></td>
</tr>
<tr>
<td>Area I</td>
<td>X (two-year term)</td>
<td></td>
<td>X (two-year term)</td>
<td></td>
</tr>
<tr>
<td>Area II</td>
<td>X (two-year term)</td>
<td></td>
<td>X (two-year term)</td>
<td></td>
</tr>
<tr>
<td>Area III</td>
<td>X (two-year term)</td>
<td></td>
<td>X (two-year term)</td>
<td></td>
</tr>
<tr>
<td>Area IV</td>
<td>X (two-year term)</td>
<td></td>
<td>X (two-year term)</td>
<td></td>
</tr>
</tbody>
</table>

**Officer and Director Election Schedule**

X—Indicates the year in which a position will be elected.
Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level practical/vocational nurses ([Report of Findings from the 2012-2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice](http://nursingworld.org/MainMenuCategories/Policy-and-Advocacy/Licensure/NCLEX/NCLEX-PN-Test-Plan/NCLEX-PN-Test-Plan-2017)), which includes 12,000 newly licensed practical/vocational nurses asked about the frequency and priority of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the NCLEX-PN Test Plan.

Beliefs

Beliefs about people and nursing influence the NCLEX-PN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (i.e., individuals, family, or group) achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the individual, family, or group which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

The practical/vocational nurse uses “specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals” (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal instructions, the practical/vocational nurse uses a clinical problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have predictable outcomes. "Professional behaviors, within the scope of nursing practice for a
practical/vocational nurse, are characterized by adherence to standards of care, accountability of one’s own actions and behaviors, and use of legal and ethical principles in nursing practice” (NAPNES, 2007).

Classification of Cognitive Levels
Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al., 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills and abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

Test Plan Structure
The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and competencies for a variety of clients across all settings and is congruent with state laws/ rules.

Client Needs
The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories; two of the four categories are divided into subcategories:

- Safe and Effective Care Environment
  - Coordinated Care
  - Safety and Infection Control
- Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation

Integrated Processes
The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs categories and subcategories:

- Clinical Problem-solving Process (Nursing Process) – a scientific approach to client care that includes data collection, planning, implementation and evaluation.
- Caring – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired therapeutic outcomes.
- Communication and Documentation – verbal and nonverbal interactions between the practical/vocational nurse and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- Teaching and Learning – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.
- Culture and Spirituality – interaction of the nurse and the client (individual, family or group, including significant others and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences
Distribution of Content

The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on the results of the study *Report of Findings from the 2015-2012 LPN/VN Practice Analysis: Linking the NCLEX-PN Examination to Practice* (NCSBN, 2013-2016), and expert judgment provided by members of the NCLEX® Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>• Coordinated Care</td>
<td>16-22% 18-24%</td>
</tr>
<tr>
<td>• Safety and Infection Control</td>
<td>10-16%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>7-13% 6-12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>8-14% 9-15%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>• Basic Care and Comfort</td>
<td>7-13%</td>
</tr>
<tr>
<td>• Pharmacological Therapies</td>
<td>11-17% 10-16%</td>
</tr>
<tr>
<td>• Reduction of Risk Potential</td>
<td>10-16% 9-15%</td>
</tr>
<tr>
<td>• Physiological Adaptation</td>
<td>7-13%</td>
</tr>
</tbody>
</table>
NCLEX PN examinations are administered adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.
Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment

The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients and health care personnel.

- **Coordinated Care** – The practical/vocational nurse collaborates with health care team members to facilitate effective client care.

  Related content includes, but is not limited to:

  - Advance Directives
  - Advocacy
  - Client Care Assignments
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management and Supervision
  - Confidentiality/Information Security
  - Continuity of Care
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referral Process
  - Resource Management

- **Safety and Infection Control** – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

  Related content includes, but is not limited to:

  - Accident/Error/Injury Prevention
  - Emergency Response Plan
  - Ergonomic Principles
  - Handling Hazardous and Infectious Materials
  - Home Safety
  - Reporting of Incident/Event/Irregular Occurrence/Variance
  - Least Restrictive Restraints and Safety Devices
  - Safe Use of Equipment
  - Security Plan
  - Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Health Promotion and Maintenance

The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

Related content includes, but is not limited to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Data Collection Techniques
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- High Risk Behaviors
- Lifestyle Choices
- Self-care
Psychosocial Integrity
The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

Related content includes, but is not limited to:

- Abuse or Neglect
- Behavioral Management
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

Physiological Integrity
The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

- Basic Care and Comfort – The practical/vocational nurse provides comfort to clients and assistance in the performance of activities of daily living.

Related content includes, but is not limited to:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Nonpharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

- Pharmacological Therapies – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes, but is not limited to:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

- Reduction of Risk Potential – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is not limited to:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures
Physiological Adaptation – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is not limited to:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Unexpected Response to Therapies

Administration of the NCLEX-PN® Examination

The NCLEX-PN Examination is administered to candidates by Computerized Adaptive Testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate’s examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate’s ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered is chosen to measure the candidate’s ability in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate’s knowledge and skills, while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered multiple choice items, as well as items written in alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such as charts, tables, graphics, sound and video. All items go through an extensive review process before being used as items on the examination.

More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is listed on the NCSBN website: [www.ncsbn.org](http://www.ncsbn.org).

Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator’s warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action, such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.

Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates’ rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency, including the denial of licensure. Disclosure of examination materials includes, but is not limited to discussing examination items with faculty, friends, family, or others.
<table>
<thead>
<tr>
<th>208</th>
<th>Bibliography</th>
</tr>
</thead>
</table>
2016 Slate of Candidates
The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate’s nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2016 Delegate Assembly.

Board of Directors
President-elect
Julia George   NC   Area III
Paula Meyer   WA   Area I

Treasurer
Vacant

Director-at-Large (4 positions)
Kameka Brown   CA-VN   Area I
Karen Scipio-Skinner   DC   Area IV
Lori Scheidt   MO   Area II
Valerie Smith   AZ   Area I

Leadership Succession Committee
Area I Member
Vacant

Area II Member
Vacant

Area III Member
Patricia Dufrene   LA   Area III
Stacey Cropley   TX   Area III

Area IV Member
Vacant

DETAILED INFORMATION, as taken directly from nomination forms and organized as follows:
1. Name, Jurisdiction, Area
2. Present board position, board name
3. Date of term expirations and eligibility for reappointment
4. Describe all relevant professional, regulatory, and community experience. (300 word limit)
5. Describe one leadership accomplishment that you are most proud of. (300 word limit)
6. What do you perceive as the top two challenges to nursing regulation; what strategies would you use to address these challenges? (300 word limit)
Board of Directors

*President-elect*
Julia George, RN, MSN, FRE
Executive Director, North Carolina Board of Nursing

Describe all relevant professional, regulatory, and community experience.

I have over 40 years of experience as a Registered Nurse and 20 years of experience in nursing regulation. I serve as the Executive Director of the North Carolina Board of Nursing. I have had the privilege of serving on the NCSBN board of Directors as both Area III Director and Treasurer (2007-2016). My service on the Board of Directors has provided me an excellent working knowledge of NCSBN strategic initiatives, fiscal policies, internal controls and outcome measures. I believe my experience positions me to add value to the continued work of this organization if elected President-Elect.

My background with NCSBN spans my entire regulatory career-first attending conferences, next serving on committees, and then serving on the Board of Directors. I am pleased to say that I was part of the inaugural cohort of regulatory fellows, completing the NCSBN Institute of Regulatory Excellence Fellowship (IRE) in 2007. In the past, I've served on the Resolutions Committee, Practice Regulation and Education Subcommittee on Unlicensed Assistive Personnel, and the Finance Committee. I have been the liaison to both TERCAP and Disciplinary Resources Committees. In 2011, I received the NCSBN Meritorious Service Award for significant contributions to the mission and vision of NCSBN. Most recently, in 2015, I was honored to Chair the NCSBN Search Committee for the Chief Executive Officer.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

The world is definitely getting smaller! Technological advances over the past decade have vastly changed the landscape of healthcare delivery and this will continue to advance and evolve. Consumers of healthcare want access and quality. NCSBN and member boards have made great strides in advancing the enhanced nurse licensure compact in the United States. However, borderless healthcare is much broader than practice across state borders. As regulators, we must remain relevant as practice permeates borders across countries, oceans, and cultures.

b. Regulation of nursing education (100 words or less)
As nursing moves toward a bachelor's prepared workforce and nationally accredited programs, we need to re-think the role of the nurse regulator in approval of education programs. While regulation may have been necessary when nursing education originated in hospitals many years ago, perhaps this is no longer the case. It may be time to look at our colleagues in other health professions to compare outcome measures of quality education.

c. The role of regulation in evolving scopes of practice (100 words or less)

This is an area where nursing regulation has been a leader. We have recognized evolving and overlapping scopes of practice for decades. Nurse regulators deal with a myriad of unlicensed assistive personnel and provide guidance for appropriate delegation and supervision to allow change, yet preserve safe practice. With increased demand for healthcare, regulators must not get stuck in a "guild" mentality. We must be open to new delivery models and be at the table as planning occurs and decisions are made. We can either be “on the train” or be left at the station

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

1- Remaining relevant in a rapidly changing healthcare environment: with rapid advances in technology, it will become more and more important for boards of nursing to keep pace and remain receptive to change while remaining true to our missions of public protection. In order to remain relevant, we will need to gather and use meaningful data to guide regulatory practices. The NCSBN Commitment to Ongoing Regulatory Excellence (CORE) work, the NCSBN research agenda, the Institute of Regulatory Excellence (IRE) and our Journal of Nursing Regulation (JNR) are valuable resources for member boards as we seek effective regulatory solutions.

2- Continued scrutiny of occupational licensing boards: With the 2015 U.S. Supreme Court ruling on the Federal Trade Commission/North Carolina Dental Board case, state occupational licensing boards are grappling with how best to understand and respond. Nursing regulation is no exception. NCSBN remains committed to assisting member boards by providing updates and guidance. We have had formal presentations and informal networking sessions to keep members informed. The next few years may present both challenges and opportunities for nurse regulators. NCSBN is in a unique position to assist with research of public policy, legislative responses and evolving litigation.
Describe all relevant professional, regulatory, and community experience.

I have served as the Executive Director for the Washington State Nursing Commission since 1998. Since then, I served NCSBN in the following: I have had the pleasure to chair the Executive Officer Leadership Council since 2012. In that time, the Executive Officers decided to have a one day, facilitated meeting to discuss licensure issues. That motion lead us to the Enhanced Nurse Licensure Compact and the Advanced Practice Compact. That journey was one of the most fulfilling for me: to work with an internationally recognized facilitator (Dr. Lenny Marcus) and watch our group struggle, discuss and achieve has been one of the most rewarding experiences of my career. I completed my Institute of Regulatory Excellence in 2014. I presented the work for my fellowship at the 2014 International Nurse Regulatory Symposium. The Nursing Commission completed a five year pilot project and gained increased authority over its personnel, legislation, finances and performance. This increase in authority was made permanent in the Nurse Practice Act in 2014. The Nursing Commission negotiated performance measures with the Department of Health and all health professional regulatory boards and commissions. The Nursing Commission not only met, but exceeded most of their performance targets. The Nursing Commission used CORE measures for comparison to the Arizona State Board of Nursing and the North Carolina Board of Nursing. This comparison demonstrated even more room to grow. In 2015, NCSBN gave the Nursing Commission the Regulatory Achievement Award based on this accomplishment.

I was a member of the nominations committee and one of the first members of the Leadership Succession Committee. I was the Area I director on the board of directors from 2001-2003. I chaired the Discipline Resources Committee in 2000.

The Nursing Commission is now working on legislation for the FBI Criminal Background Checks and RapBack.

The Nursing Commission continues to work with the nursing unions on the compacts.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

Our society is mobile within the United States and globally. Nurses provide care and advice to a mobile population. Nurses are more mobile and embrace technology. Nurses depend on tools reaching patients
across the country and the globe. As our profession embraces potential uses for technology we will experience growing pains. As regulators, we need to evaluate the benefits with the risk to patients. As regulators, we need to achieve the delicate balance of providing safe nursing practice while allowing nurses to practice to their fullest scope of practice.

b. Regulation of nursing education (100 words or less)

Two major challenges present in nursing education: the aging of nursing faculty and currency of nursing practice. The most significant single factor limiting the supply of nurses is the shortage of nursing faculty. Without adequately prepared faculty and the number of faculty needed to prepare students, we rapidly approach a crisis point in the shortage of nurses. We need to maximize strategies used by states demonstrating an increase in the supply of qualified new graduates. Nursing education needs to closely align with the competencies needed by new graduates in our changing health care environment.

c. The role of regulation in evolving scopes of practice (100 words or less)

Nursing regulation is building a growing body of evidence for decisions. Our Institute of Regulatory Excellence and research provide boards of nursing with reliable information to make decisions. Nursing regulators need to test and measure effectiveness of their outcomes. The recent simulation study was very well received and changed nursing education. The Commitment to Ongoing Regulatory Excellence reports provide measures of efficiency and effectiveness. This evidence needs to be widely shared and used to validate actions taken by boards of nursing. Boards of nursing need to protect patients while allowing the profession to grow. Boards of nursing need to delve in to determine best practices.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

Boards of nursing exist to protect people. Boards of nursing accomplish public protection through licensing, discipline and determining standards of nursing care. Boards of nursing in the United States struggled with the criteria necessary to issue a multistate license. The struggle lead to meaningful discussions and decisions. Similarities and differences were documented. Respect for the differences was demonstrated. The opportunity to measure effectiveness of the enhanced nurse licensure and advanced practice compacts exists. Boards of nursing in the United States and the English speaking Canadian provinces have differences in requirements. The next level of evaluating nursing regulatory effectiveness could involve measuring the effectiveness of these differences. As these differences are explored, the outcomes must be published in the Journal of Nursing Regulation or other professional journals. Our work can also serve as basis for comparison across health professions.

Several autonomous boards of nursing are experiencing a centralization of their functions under umbrella structures. Boards of nursing need to collect baseline data and define clear performance expectations to determine if this change in governance achieves the intended outcomes. Assumptions of improved cost effectiveness and process efficiencies need to be defined and measured. The impact of these changes needs to be captured in terms of patient safety. The Commitment to Ongoing Regulatory Excellence (CORE) is an excellent tool to use to begin to measure these differences. The CORE reports include both quantity and quality measures to compare performance measures among boards of nursing. The CORE report provides objective data for the comparison. Advanced data collection and analysis may be needed to provide rationale for the differences. CORE provides information on licensing, education, discipline, and financial measures. Using this data and the promising practices is essential to improving nursing regulation.
Director-at-Large  
Kameka Brown, PhD, MBA, MS  
Executive Officer, California Board of Vocational Nursing and Psychiatric Technicians

Describe all relevant professional, regulatory, and community experience.

It is an honor to submit my nomination as a Director at Large for the NCSBN. With over a decade in clinical experience, I believe I possess the skills needed to support the Mission and Vision of the Board. As the current Executive Officer for California Board of Vocational and Psychiatric Technicians, I advocate for nearly 200,000 clinicians practicing in a variety of areas while enforcing critical regulations needed to safeguard the public. In my past role as Chief of Workforce Development and Education with the Veteran Affairs, I maintained compliance with local, regional and national regulatory bodies to for over 1000 employees across 44,000 square miles. 

My efforts extended to public service as Washington State's Commission for African American Affairs and Interagency Commission on Health Disparities. In both roles, I sought to review and enact policies that would protect all residents throughout the state. This service is bolstered by my experience as faculty at both the undergraduate and graduate level supporting nursing education. This support included the development of the first post DNP residency program in the VA system that continues to prepare advance practice providers for tomorrow. 

Thank you for considering my nomination to the Leadership Committee. I believe my talents and tenacity will help the Board accomplish its goals for the next two years.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

The development of a national certification is ideal in the seamless transition of nursing professional across states. To that end, shoring up incongruent scopes of practice and educational standards is needed to develop a national license for nursing professionals. Similar to clinicians practicing in the federal setting, adhering to a central set of standards allows for one defined scope of practice and one set of regulations for professionals to be measured against.

b. Regulation of nursing education (100 words or less)

Regulation is a critical element of nursing education to insure and enforce quality preparation of the next generation of nursing professionals. With the increasing development of private and proprietary schools, critical review of clinical components is needed for consumer protection and nurse preparation.
c. The role of regulation in evolving scopes of practice (100 words or less)

Regulation is critical for establishing the minimum proficiency and establishing scopes of practice. As new legislations changes, it will be critical to dovetail this against scope of practice to insure that appropriate parity and practice is not being encumbered. Equally, it is important to protect the public from those who are practicing outside of the intended guidelines.

3. What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

Two key challenges in nursing regulations is reviewing international licensees and varying scope of practice. International licensee applications can be difficult to evaluation for initial application due to the challenge of validating the authenticity of the information, the differing grading scales and the dearth of information provided. While credentialing services are available, it is challenging as some do not require primary source documentation. Leveraging the FITS lists as a central repository is but one way to stymie fraudulent applications and track bad actors.

Varying scope of practice continues to be a challenge for licensees with multiple state licenses. Increasing compact state licenses serves as a method to increase license reciprocity and develop parity across states. Additionally, driving to the goal of a national standard of practice lends to uniform practice guidelines.


**Director-at-Large**
Karen Scipio-Skinner, MSN, RN

**Executive Director, District of Columbia Board of Nursing**

Describe all relevant professional, regulatory, and community experience.

I serve as executive director for the District of Columbia Board of Nursing. I was elected last year to a one-year term as an at-large member of the NCSBN Board of Directors.

As a member, I have represented NCSBN on the Alliance for Ethical International Recruitment Practices Governing Board for six years. I have served as a member of NCSBN’s Commitment to Ongoing Regulatory Excellence Committee, Awards Committee and chaired NCSBN’s Executive Officers Network. I have also served as a mentor to several Executive Officers. I have had thirty years of regulatory experience. In addition to my position as executive director, early in my nursing career I was appointed to serve as a board member of the District of Columbia Board of Nursing. While serving on the Board we revised the Nurse Practice Act, combined the LPN and RN Boards of Nursing, and recognized--for the first time--the role of the Advanced Practice Registered Nurse. I began my nursing career as a psychiatric mental health nurse educator in a large federal government run psychiatric facility and as the Director of Staff Development for a private psychiatric facility. I later worked as a Psychiatric Review Specialist/Training Supervisor with the American Psychiatric Association. Prior to my current position, I worked for over ten years for the District of Columbia Nurses Association as their Practice and Policy Associate and Continuing Education Coordinator. While at DCNA I worked with the DC Board of Nursing to pass regulations removing APRN practice barriers. I also worked to pass legislation establishing an alternative to discipline program, which I had the privilege of establishing when appointed as executive director of the Board. My recent community experience includes member on the Nurse.com Northeast Regional Advisory Board, member of the DC Nurses Action Coalition and member of the YWCA of the National Capitol Area’s Board of Directors.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

Borderless healthcare delivery is the natural outcome of innovations in health care delivery. Digital communication tools are being used to provide a seamless, integrated care where patients anywhere in the world can access medical care; ICU monitoring, radiology and mental health care are routinely delivered remotely. Our challenge as regulators is to protect the health care consumer by rehabilitating, or removing from practice licensees who are unsafe. Our traditional regulatory model, multistate licensure, does not lend itself to addressing these challenges. We must be able to provide borderless regulation as seamlessly as we are able to deliver health care.
b. Regulation of nursing education (100 words or less)

With the current nursing shortage it has become increasingly important that we facilitate nursing education, especially in areas where traditional educational programs are not accessible. While online education allows us to reach more students it also brings with it the challenge of monitoring the quality of these programs. We must continue to work with these programs to ensure that students are developing the critical thinking skills needed in nursing. And to require them to prepare graduates who will be able to care for health care consumers in an ever-evolving and demanding health care delivery system.

c. The role of regulation in evolving scopes of practice (100 words or less)

As a regulator it is challenging to keep up with technological advances; to determine whether or not a new clinical skill is within the scope of practice of a nurse. When do we cross the line from RN practice to advanced practice or even into medicine? Nursing practice has evolved and must continue to do so. But as regulators whose foremost mission is protection of the public, while we allow nurses to practice within the fullest scope of their practice, we must continue ensure that they are providing safe and competent care.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

I foresee two diverse challenges in nursing regulation. One is regulating and defining the scope of practice for nurses in an environment of constant technological changes. The other is the regulation of unlicensed assistive personnel (UAP). I wrote in an earlier answer regarding regulating nursing practice amidst innovation in health care delivery, so I will focus on the regulation of unlicensed assistive personnel.

The DC Board of Nursing (BON) recognized about ten years ago the need to regulate UAPs. The first decision made by the board was to classify them as “nursing assistive personnel” (NAPs) thereby clarifying that only personnel who perform tasks delegated by licensed nurses would be under the authority of the BON. DC legislators were then asked to give the board the authority to not only regulate NAPs, but to also determine which NAPs to regulate. This would allow the Board to determine which additional categories of NAPs to regulate in the future. In 2009 the Nurse Practice Act was amended, as requested, giving the board the authority to regulate NAPs. The Board began with the regulation of Home Health Aides (HHA), the fastest growing health care career and, by our estimation, the least regulated. The board delineated their tasks, developed a model curriculum and required them to pass both a written and skills examination. As a result, in 2014, when the FBI began cracking down on the illegal practice of HHAs in DC we were able to remove them from practice by revoking their certification. Prior to the BON regulating them, there was not an HHA registry and no way for agencies to verify their status.

By the end of this year, the regulation of Certified Nursing Assistants (CNAs) will also come under the authority of the Board, along with Patient Care Technicians (acute care CNAs), Medication Aides, and Dialysis Technicians.
Lori Scheidt, MBA-HCM
Executive Director, Missouri State Board of Nursing

Describe all relevant professional, regulatory, and community experience.

Lori Scheidt has served as the Executive Director of the Missouri State Board of Nursing since 2001. She knows how to execute a vision to achieve results while creating and maintaining an environment of professionalism and effectiveness for a team of 28 who work with over 137,000 licensees and a $10 million annual fund. Prior to her executive director appointment, she served as the Board’s Licensure Director and has performed virtually every position within the board office during vacancies.

EDUCATION & STATE BOARD BACKGROUND:

- Masters in Business Administration - Healthcare Management - Western Governors University 2012
- Bachelor of Science - Computer Information Management - William Woods University 2000
- Associate in Arts - Columbia College 2000
- Missouri Healthcare Workforce Coalition Member 2015-Present
- Missouri Center for Patient Safety - Chair / Advisory Member 2006-Present

NCSBN COMMITTEES & PRESENTATIONS & NLCA OFFICER

- Nurse Licensure Compact Administrators Executive Committee– Vice Chair 2012 – Present
- Fraud Detection Committee - Chair – 2015
- Enhanced NLC Legislative Strategy Team 2015
- Member Board Agreement Review Committee – Chair – 2013
- CORE Committee- 2005
- Test Service Technical Subcommittee - 2001-2002
- Examination Committee - 1997-2000
- NCLEX Evaluation Task Force – 1996
- Committee for Special Projects (CAT) – 1995
What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

NCSBN has built a futuristic foundation to be a world leader in nursing regulation. We are ahead of the curve in developing evidenced based regulation through research and new models of regulation. NCSBN is also leading the way in the 21st century by committing significant resources in supporting all states to enact the enhanced nurse licensure compact. The organization has also established a presence in Washington, DC to build strong alliances with key stakeholders to enhance patient safety. The onboarding of additional DC staff charged with keeping member boards informed of federal legislative and emerging practice issues is critical in assisting the organization and its members in keeping ahead of the curve. The next challenge for NCSBN and members will be moving beyond U.S. borders.

b. Regulation of nursing education (100 words or less)

NCSBN has invested in committee work and research that addresses the regulation of nursing education programs. The NCSBN National Stimulation Study provided critical information for an expert panel to make evidence-based recommendations for simulation in pre-licensure nursing programs. Without a doubt, nurses need and demand flexible educational systems that promote seamless academic progression. Member boards struggle with faculty shortages, evaluating the effectiveness of online education, and lack of appropriate clinical facilities. NCSBN must continue to embark on important research to provide the evidence member boards need to make effective policy decisions and regulations. Patient safety must continue to be our priority.

c. The role of regulation in evolving scopes of practice (100 words or less)

The patchwork of varying scopes of practice and borderless healthcare makes it difficult for patients, practitioners, employers and payers to traverse. To further complicate matters, boards of nursing are creatures of statutes that have evolved over the last century and therefore can only enforce state laws as they exist. NCSBN worked with key organizations to develop the APRN consensus model. The consensus model foundation was built on research that demonstrates APRN’s provide safe, cost-effective, high-quality care and how the model benefits public safety. NCSBN needs to continue seek solutions that are deep-rooted with evidence and keep the attention on patient safety while enhancing access to quality health care.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

A major accomplishment over the past two years was obtaining consensus on the enhanced nurse licensure...
compact (eNLC). We are now at the point where the rubber meets the regulatory road. We must shine in our abilities to assist boards with implementation strategies in order to achieve 26 states enacting the compact by 2018. Member boards need to work with key staff and team members to make sure they are ready for the transition. NCSBN should keep a pool of qualified member board staff and NCSBN team members that can assist member boards as they navigate through the process to ensure their state is ready to implement the compact. As the focus shifts from passage of the law to implementation, we need to have a robust plan in place to hit the ground running, including draft bylaws and rules.

The second challenge is international nurse licensure. One of my passions is fraud detection. I had the pleasure of chairing the Fraud Detection Committee and assisting in development of the Resource Manual for Foreign-Educated Nurses. We have an obligation to make sure we license only qualified individuals. Fraud, particularly from international applicants, is on the rise and we must remain ever vigilant because as soon as one scheme is uncovered, more arise. One of the strategies that is currently underway based on a recommendation from our Fraud Detection Committee, was that an educational course with an evaluation post-test be created as an additional tool to train member boards on fraud detection. We can’t stop there. We need to make sure the course is updated as new trends are discovered. We also need to develop more alliances with our international partners. Having a more thorough understanding of how education and licensure works in other countries will broaden our body of knowledge. We also need to work with our credential evaluation agencies to ensure there is proper vetting of international applicants.
Describe all relevant professional, regulatory, and community experience.

I have worked in nursing regulation for more than 21 years. I began employment with the Arizona Board of Nursing (AZBN) in 1995 and have been in a leadership role over the past 16 years. The five areas of responsibility have included providing direction and oversight of the complaint, investigative and hearing departments; administration and oversight of AZBN's alternative to discipline program (CANDO) for licensees with substance use disorders; oversight of the discipline compliance monitoring department; and supervision of staff within the diverse departments at AZBN.

Over the past two decades I have served on a number of NCSBN committees, task forces and planning groups focused on developing evidence based regulatory guidelines for use by nursing regulators. The committee/group work included six subject areas: investigator core competencies; investigative promising practices; the regulatory management of licensees with substance use disorders (SUD); drug testing guidelines; use of criminal background checks in licensure decision points; and developing strategies for monitoring effectiveness of licensure disciplinary actions and remediation. My service to NCSBN includes consulting with the Nurse Licensure Compact Administrators (NLCA) in the areas of Nurse Licensure Compact (NLC) complaints, investigation and discipline data as well promoting uniform guidelines for alternative to discipline programs within the NLC.

In 2007, I was awarded Fellow Regulatory Excellence. My research focused on identifying core competencies needed by board of nursing investigative staff to assure appropriate regulatory decision-making and public protection. In 2010, I was selected for NCSBN's Exceptional Contribution Award. I regularly attend Delegate Assembly and Midyear meetings and have presented at numerous NCSBN and NLCA conferences and meetings.

I was appointed to NCSBN’s Board of Directors in 2015 and currently serve as Director at Large. In this role, I have worked earnestly to broaden my knowledge to understand and address challenges facing Member Boards.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)
While telehealth will continue to expand as a practical cost-effective, safe platform for patient care, it has challenged traditional models of state based licensure necessitating developing new measures and solutions. The demand for solutions from organizations, employers, state and federal legislators includes the threat of national licensure. National licensure would undermine the authority of each state to regulate the practice of nursing within its state and likely have unintended consequences for consumers of healthcare and the nursing profession. Nursing regulators must lead in identifying and promoting appropriate solutions to borderless healthcare. The enhanced NLC and APRN compacts provide such solution.

b. Regulation of nursing education (100 words or less)

Regulation of nursing education programs is one of the four pillars related to the mission of boards of nursing (BON). Continuous evolving evidence is needed to demonstrate BON are effective in their oversight of nursing programs to achieve the following:

- Reduced risk of harm to public and to the student when individuals are adequately prepared through their education program
- Increased understanding of regulatory challenges and therefore oversight of for profit, distance, and state based programs to ensure graduates are prepared and competent
- Augmented investigative competencies of BON education staff as they conduct more complex nursing education program investigations.

c. The role of regulation in evolving scopes of practice (100 words or less)

In meeting current and future anticipated healthcare needs, nurses and other healthcare professionals must be able to practice at the full scope of their education and training. Nursing regulators must continue to advocate for the APRN consensus model, pursue changes to NPA and other statutes allowing full practice authority and assure educational preparation of nurses from entry into practice to advanced practice prepares individuals to meet healthcare needs of today and the future. We must collaborate with other healthcare professionals and endorse overlapping scopes of practice of other healthcare professionals who have education and training to provide safe patient care.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

The rapid changes in the healthcare delivery environment have brought about numerous challenges for nursing regulation and requires regulators to be responsive and adaptive. An ongoing challenge nursing regulators have faced is licensure portability and decisions related to nursing practice across jurisdictions. With the growing use of technology to deliver both patient care and nursing education across jurisdictions and the threat of national licensure, it is imperative nursing regulators remain actively involved in discussions and lead in the decisions. Strategies I support include:

- Maintaining an office site in Washington D.C.
- Continuing a dynamic engagement with the membership to better understand concerns and barriers regarding the enhanced nurse licensure and APRN compacts
- Collaborating to search for mutually agreeable solutions
- Engaging the assistance of individuals and organizations supportive of NLC
- Educating policymakers, legislators, nursing professionals, students and other stakeholders regarding the benefits of NLC in meeting consumer healthcare needs
- Ongoing support and education of Member Boards and key leadership positions during a time of unprecedented turnover of executive officers.

A second challenge to nursing regulation is access to research and evidence to support regulatory decision-
making related to complaint investigation and discipline against licensees, applicants and nursing programs. While select evidence has been developed in the areas of substance use disorders, sexual misconduct and boundary violations, how boards of nursing administer their investigative and discipline programs varies widely between jurisdictions. Additionally, some states report an increase in the number and complexity of complaints against nursing programs necessitating their education staff developing complaint investigation skills. Boards of nursing require access to research based evidence and education for all levels of staff including investigative and education staff, attorneys representing boards, and board members. Obtaining and disseminating research-supported guidelines for administering the discipline process facilitates informed, consistent evidence based decisions ultimately promoting public protection.
Leadership Succession Committee

Area III Member
Patricia Dufrene, PhD (c), MSN, RN
Director Education and Licensure, Louisiana State Board of Nursing

Describe all relevant professional, regulatory, and community experience.

I currently serve as a member of the NCSBN Leadership Succession Committee. As a registered nurse for 30 years, I have practiced as an RN, APRN and faculty. Currently, I am pursuing a PhD. in Nursing Administration and Education and anticipate completion August 2016.

Since 2009, I have been in regulation as the Nurse Practice Consultant for Education and Licensure. My role includes oversight of the Registered Nurse and Advanced Practice Registered Nurse Education Programs operating in or offering distance education clinical experiences in Louisiana. Oversight includes approval of undergraduate students applying for clinical, candidates for licensure by exam, criminal background checks of applicants, education program compliance, continuing education providers approved by the Board, RN refresher course providers, and evaluation of education for endorsement applicants.

I have served on boards and committees for several specialty related organizations on the local, regional and national level throughout my career. I remain active in professional and specialty nursing organizations including Sigma Theta Tau, Society of Pediatric Nurses, and American Nurses Association. I was selected by a specialty nursing organization as the representative at a national leadership conference.

Over the years, I have been active with several local community and church agencies. I particularly enjoy participating in activities for Gods special children with Down Syndrome.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

As distance education programs and interstate practice such as telehealth continues to emerge and expand, Boards of Nursing continue to be challenged with concerns of licensure portability of nurses across state lines. Boards must explore licensing options for safe and effective interstate education and practice. NCSBN has made great strides in developing and advancing interstate licensure with the new Nurse Licensure Compact (NLC). The new NLC addresses fears and resistance of some Boards not participating in the original compact. The endeavor requires continual education of Boards, legislators and stakeholders of the need and benefits of the NLC.
b. Regulation of nursing education (100 words or less)

The mission of most Boards is public protection. Nursing board approval of nursing education programs assures the standards are met to educate practitioners to meet this mission. Nursing education is becoming more innovative and there are increase opportunities for distance education. Distance education offers interstate portability of education and opportunities for students who otherwise couldn't attend a nursing program. As new programs and distance education programs enter the state, regulatory boards are positioned to protect the public from fraudulent programs and programs exhibiting poor quality in terms of attrition rates and NCLEX scores. Collaboration between education and regulation is necessary.

c. The role of regulation in evolving scopes of practice (100 words or less)

Scope of practice barriers impact the challenge of the Future of Nursing: Leading Change, Advancing Health. Practice restrictions prevent healthcare professionals from practicing to the full extent of the skills for which they have been educated and trained. Practice restrictions limit the consumer's access to care and choice of providers. As practice changes and healthcare continues to become more complex for RN's and APRN's, Boards of Nursing must address the scope of practice associated with these roles. Overlapping of healthcare provider roles is inevitable and requires interprofessional education of the health team and consumers regarding the different roles.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

Challenges to nursing regulation include but are not limited to scope of practice barriers, interstate licensure for practice and education, nursing education, distance learning, leadership development, and resource limitations. Challenges and strategies can be overlapping. Two challenges identified and discussed are related to portability licensure for education and practice and financial stability.

Challenge 1: Exploration of licensing options for safe and effective interstate education and practice to increase BSN and APRN populations remains a challenge and priority. The Institute of Medicine’s Future of Nursing report called for nurses to advance their education. Regulators are experiencing education budget cuts resulting in nursing faculty shortages, limited clinical experiences, and reduced seat availability for students. Distance education offers interstate portability of education and opportunities for educational advancement by offering flexible access to quality nursing education in areas without resources to establish and maintain nursing programs and allowing students educational options without relocation. Collaboration is required between the education programs and practice setting to provide a pathway for working nurses to further their education within their practice setting. Strategies must also include collaboration between regulation and education at the state and regional levels to establish seamless articulation and common evidence-based and competency based curriculum, learning experiences, and instruction.

Challenge 2: Financial stability in economic changes and legislative impositions on regulation will continue to be a top priority at the state and national levels. The budget cuts experiences by legislative action hinder the member board’s ability to efficiently perform essential functions to protect the public. Strategies to address this increasing challenge include providing workshops on fiscal responsibility and the development of strong business plans for sustainability and flexibility to do more with less. Research and support is required in developing processes and strategic plans for boards to continue to be efficient and remain effective in regulatory functions.
Describe all relevant professional, regulatory, and community experience.

Stacey is the Lead Nursing Consultant for Practice at the Texas Board of Nursing. Throughout her career Dr. Cropley has consistently applied her knowledge and expertise in nursing regulation and practice through the coordination of committee activities, assisting in research, and serving as a resource for nursing practice. Dr. Cropley has served in progressive leadership positions, developing and implementing innovative models of care delivery. Dr. Cropley’s leadership efforts to improve nursing quality have been recognized, earning the Joint Commission’s Key Quality Performer Award in recognition for top performance on SCIP and Pneumonia Core Measures, as well as the Texas Health Care Quality Improvement Silver Award by the Texas Medical Foundation in 2012. In addition, Stacey achieved the Texas Nurse’s Association Panhandle Region Nurse of the Year Award in 2012. Dr. Cropley has consistently demonstrated dedication to the advancement of nursing through volunteer activities, including the Panhandle Rural Champion for the Texas Team, driving Future of Nursing Initiatives from 2011-2012 and as the Co-Lead for the Texas Team Rural Task Force. She has dedicated professional leadership to the Pediatric Nursing Certification Board, serving in several leadership roles including Item Writing Committee Member for the Certification Exam from 2007-2013, as well as serving on the Role Delineation Survey Committee for the 2012 survey. Dr. Cropley has been honored to be published in the Journal of Nursing Administration in June, 2012 as well as in Creative Nursing in November, 2013. She was given the honor by Koloroutis and Trout to review their book See Me As a Person, published in 2012. Currently, Dr. Cropley serves on the NCSBN Commitment to Ongoing Regulatory Excellence Committee, as well as the Choosing Wisely® Campaign in conjunction with The American Academy of Nursing (AAN), working with member fellows in the dissemination of campaign objectives for nursing.

What is your perspective regarding the following issues affecting nursing regulation?

a. Borderless healthcare delivery (100 words or less)

The rapidly increasing cost of health-care delivery, critical staff shortages, and increased consumer demands
for convenient, quality care are critically dependent on the nurse’s ability to engage in borderless nursing care practices. Enabling the future nursing workforce to provide cross-regional nursing care requires the reform of health systems, promoting regulatory solutions in an effort to deliver seamless and borderless health care which is efficient, effective and of high quality. Current efforts to promote seamless, accessible borderless healthcare in all reaches of the country include regulatory efforts to enhance Telehealth as well as licensure compacts, improving nursing mobility across the country.

b. Regulation of nursing education (100 words or less)

Without legal regulation of nursing education programs, the public has no assurance of effective preparation of graduates who will provide safe, competent, compassionate care. Through nursing regulation, nursing program curricula may be reviewed through content mapping for evidence that knowledge, clinical judgments and behaviors, and skills of new graduates are relevant and consistent with the education program and with the mission of protecting the public. Nursing regulation of educational programs enable the design of seamless articulation plans for education mobility and for employers to create differentiated job descriptions for entry-level nursing practice.

c. The role of regulation in evolving scopes of practice (100 words or less)

The professional registered nurse is an advocate for the patient and the patient’s family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. As evidence based research refines and defines health care and corresponding health care roles, nursing regulation serves to interpret and translate evidence based practices into applicable regulations that define the scope of practice and promote patient safety. The RN provides nursing services that require substantial specialized judgment and skill, predicated on knowledge and application of the principles acquired by a completed course of study in an approved school of professional nursing.

What do you perceive as the top two challenges to nursing regulation; what strategies you would use to address these challenges?

Nursing regulation is challenged to implement evidence-based regulatory practices as healthcare delivery systems and technology evolves. The diversity and healthcare needs of the growing population of healthcare consumers presents challenges on many levels impacting nursing regulation. Borderless practice mobility for Advanced Practice Registered Nurses through adoption of a Compact and adoption of telehealth technologies are two issues that challenge the regulation of nursing practice.

To meet the needs of complex patient populations in a manner that promotes safety, quality, cost efficiency, and promotes access to care, regulatory evidence-based decision making must focus on the development of underlying processes that facilitate nursing practice mobility. The need for interstate APRN practice is of particular importance to key stakeholders that include the telehealth industry, the federal government, and the nursing professional itself. At this time, it is not possible for APRNs to practice across state lines without meeting the licensure requirements in every state in which they intend to practice. Due to the wide variation in licensure requirements from one state to another, this is a cumbersome and costly process for APRNs and their employers that ultimately may result in decreased access to patient care. As a result, there have been increased calls for federal intervention that would create a national license for APRN practice.

The anticipated increase in use of telehealth technologies has implications for regulation of healthcare providers with regard to licensure and standards of care. In April 2014 the Federation of State Medical Boards adopted the Model Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine as a measure to ensure patient protection as telemedicine is implemented. Of note, this model policy defines licensure according to the location of the patient, which is consistent with the Texas Board of Nursing’s guidance to nurses practicing telenursing.