



Proposed Regulation Agency Background Document

Agency name	Board of Nursing, Department of Health Professions
Virginia Administrative Code (VAC) citation	18VAC90-20-10 et seq.
Regulation title	Regulations Governing the Practice of Nursing
Action title	Periodic review changes
Document preparation date	7/18/06

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

In a short paragraph, please summarize all substantive changes that are being proposed in this regulatory action.

As a result of a thorough review of regulations governing the practice of nursing, the Board has proposed a number of amendments relating to nursing education that provide more specificity to the requirements for nursing education programs, add an application fee for program approval, set a minimum NCLEX passage rate for approved programs and a minimum number of clinical hours, and clarify the responsibilities in the clinical practice of students. Additional grounds for disciplinary action are proposed to address issues relating to unprofessional conduct for nurses. Finally, the Board has also increased the number of hours for an approved medication administration program from 24 to 32.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

18VAC90-20-10 et seq., Regulations Governing the Practice of Nursing are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6), which provides the Board of Nursing the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

...

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...

The specific authorization to promulgate regulations for approval of nursing programs and licensure of nurses is found in the Nurse Practice Act including the following section:

§ [54.1-3005](#). Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

- 1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;*
- 2. To approve programs that meet the requirements of this chapter and of the Board;*
- 3. To provide consultation service for educational programs as requested;*
- 4. To provide for periodic surveys of educational programs;*
- 5. To deny or withdraw approval from educational programs for failure to meet prescribed standards;*
- 6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;*
- 7. To keep a record of all its proceedings;*
- 8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. The Board shall require all schools to demonstrate their compliance with § 54.1-3006.2 upon application for approval or reapproval, during an on-site visit, or in response to a complaint or a report of noncompliance. The Board may impose a fee pursuant to § 54.1-2401 for any violation thereof. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;*
- 9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;*

10. *To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;*

11. *To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists;*

12. *To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation;*

13. *To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication;*

14. *To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate regulations for its implementation;*

15. *To collect, store and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered pursuant to § 54.1-3012.1;*

16. *To expedite application processing, to the extent possible, for an applicant for licensure or certification by the Board upon submission of evidence that the applicant, who is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders;*

17. *To register medication aides and promulgate regulations governing the criteria for such registration and standards of conduct for medication aides; and*

18. *To approve training programs for medication aides to include requirements for instructional personnel, curriculum, continuing education, and a competency evaluation.*

Purpose

Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal and the problems the proposal is intended to solve.

The proposed amendments result from an extensive review of nursing regulations to determine whether they are necessary and sufficient to ensure minimal competency and protect the public. The Education Special Conference Committee, which has responsibility for initial approval and continued approval of nursing education programs has encountered situations in which it was apparent that nursing education programs were not adequately preparing students for passage of the national examination or nurses for safe, competent practice. In some cases there was

insufficient specificity in regulation about the expectation for programs and inadequate requirements for accountability to enable the Board to appropriately address those situations. To that end, there is a need for establishment of additional standards for programs and for the clinical practice of students. Other amendments are recommended to address changes in the renewal process and the multistate licensure compact and to make the requirements clearer for applicants and licensees.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (More detail about these changes is requested in the "Detail of changes" section.)

Amendments are proposed in the following sections:

18VAC90-20-10. Definitions.

Several words and terms used in the regulation, such as "accreditation" and "NCLEX," are defined in Section 10. Other definitions, such as "clinical nurse specialist," are eliminated and provisions incorporated into the regulation.

Part II. Nursing Education Programs.

18VAC90-20-40. Application.

Amendments are proposed to require the program seeking board approval to pay an application fee of \$1,200 to cover expenses involved in the process. A program will also be required to provide a projection of the number of students it expects to enroll and then to provide information indicating that the program not only has faculty and clinical training facilities available but that they will be sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program. The board proposes to require submission of an enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval in order to indicate that it has adequately planned for resources, faculty and facilities.

18VAC90-20-60. Program approval.

The board proposes to set a standard for approval that includes not only that the first graduating class has taken the licensure examination, but that the cumulative passing rate for the program's first-time test takers taking the NCLEX over the first four quarters following graduation of the first class is not less than 80%. The requirement for a survey visit by a representative of the board needed to be more explicit, so it is clear that the visit and report indicate satisfactory compliance with all requirements for program approval.

Article 2. Requirements for Initial and Continued Approval.

18VAC90-20-70. Organization and administration.

There are some clarifying amendments proposed and an additional rule for the program to submit evidence ensuring that the director of the nursing education program has authority to implement the program and curriculum; oversee the admission, academic progression and graduation of students; hire and evaluate faculty; and recommend and administer the program budget, consistent with established policies of the controlling agency.

18VAC90-20-90. Faculty.

A. Qualifications.

There are several clarifying amendments in the faculty requirements.

Changes in the process for other exceptions that do require board would be amended to permit the program to submit a request whenever an unexpected vacancy has occurred and to allow for exceptions to be made for the entire academic year rather than for one term.

An amendment is proposed to state explicitly the expectation that, when students are giving direct care to patients, the faculty has to be on-site solely to supervise students.

18VAC90-20-95. Preceptorships.

Amendments are proposed to specify that faculty is responsible for the designation of a preceptor for each student and must communicate such assignment with the preceptor, and that a preceptor can not further delegate the duties of the preceptorship.

18VAC90-20-96. Clinical practice of students.

In response to a need for clarity about the responsibility and accountability of a clinical supervisor and of the student who is engaged in direct patient care, a new section is proposed. First, it specifies that the student is permitted to perform tasks that would constitute the practice of nursing in accordance with § 54.1-3001 of the Code of Virginia, but that the student will be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned. Second, it specifies that faculty members or preceptors providing supervision in the clinical care of patients are responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors must also monitor clinical performance and intervene if necessary for the safety and protection of the patients.

18VAC90-20-110. School records; student records; school bulletin or catalogue.

The board proposes to require that nursing programs publish the annual passage rates on the NCLEX for the past five years, so prospective students will have that information for their consideration of which nursing program to attend.

18VAC90-20-120. Curriculum.

The section that sets out the required curriculum will be revised to reflect current nursing education and to consolidate the requirements that are applicable to all levels of nursing

education – practical nursing and registered nursing. In general, the Board proposes that curriculum requirements be modified to:

- Clarify that principles of direct client care and practice includes didactic content and supervised clinical experience in nursing in a variety of clinical settings;
- Specify that concepts of the nursing process means the conduct of a focused nursing assessment of the client status that includes decision-making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, and contributing to data collection and the evaluation of client outcomes;
- Include behavioral sciences along with concepts of anatomy, physiology, chemistry, and microbiology;
- Include in concepts of communication, growth and development, interpersonal relations, the development of professional socialization including working in interdisciplinary teams and conflict resolution;
- Include within concepts of ethics and vocational and legal aspects of nursing, professional responsibility and history and trends in nursing and health care;
- Add concepts of client-centered care including: a) Respect for cultural differences, values, preferences and expressed needs; b) Promotion of healthy life styles for clients and populations; c) Promotion of a safe client environment; and d) Prevention and appropriate response to situations of bioterrorism and domestic violence;
- Add development of management and supervisory skills;

For nursing education programs preparing the student for licensure as a registered nurse, there would be the following additional curriculum requirements:

1. Didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes:
 - a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status;
 - b. Recognition of alterations to previous client conditions;
 - c. Synthesizing the biological, psychological and social aspects of the client's condition;
 - d. Evaluation of the effectiveness and impact of nursing care;
 - e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups and communities;

- f. Evaluation and implementation of the need to communicate and consult with other health team members; and
 - g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; and
2. Didactic content and supervised experiences in:
- a. Development of clinical judgment;
 - b. Development of leadership skills and knowledge of the rules and principles for delegation of nursing tasks;
 - c. Involvement of clients in decision-making and a plan of care; and
 - d. Participation in quality improvement processes to measure client outcomes and identify hazards and errors; and
3. Concepts of pathophysiology.

Clinical practice is set out in a separate subsection D to state: *A nursing education program preparing for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. A nursing education program preparing for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty.*

18VAC90-20-130. Resources, facilities and services.

Changes are needed to update terminology and clarify that the resources must not only be available but sufficient to meet the needs of the program.

18VAC90-20-140. Program changes.

Additional changes that indicate a substantive change in an approved program will need to be reported to the board within 10 days, such as changes in content of curriculum, faculty or method of delivery that affects 25% or more of the hours of instruction. Other less substantive changes in curriculum or faculty may be reported to the board with the annual report.

18VAC90-20-151. Passage rate on national examination.

A new section is proposed to establish a standard for continued approval of a nursing education program and grounds for withdrawal of approval. For the purpose of continued approval by the board, a nursing education program will be required to maintain a prescribed passage rate of 80% for first-time test takers on the NCLEX, calculated on the cumulative results of the past four quarters in each year. If a program falls below that rate for two consecutive years, the board will conduct a site visit and place the program on conditional approval. If a program falls below the rate for three consecutive years, the board may withdraw program approval. For the purpose of program evaluation, the board will be allowed to provide to the program the examination results of its graduates. However, further release of such information by the program will not be authorized without written authorization from the candidate.

18VAC90-20-160. Maintaining an approved nursing education program.

The requirements for maintaining approval are amended to allow reevaluation of a registered nurse program every 6 years if it is not accredited by a recognized accrediting body. Any RN program that does not have accreditation is likely to be problematic and requires closer oversight by the board. In contrast, a program (PN or RN) that does have national accreditation will be reevaluated every 10 years (currently every 8 years) with submission of all required documentation about the study report, site visit and findings of the accrediting body. If a program fails to submit the required documentation, it will be evaluated on the schedule for a non-accredited program.

18VAC90-20-190. Licensure by examination.

Several amendments are necessary to eliminate outdated or inconsistent provisions. For example, it is not necessary to require submission of an application 60 days prior to the month the applicant expects to take the examination. The provision that prohibits release of examination results without written permission of the applicant or licensee will be eliminated to allow the board to release results only to the nursing programs from which the student graduated.

18VAC90-20-220. Renewal of licenses.

Amendments are needed to reflect the current renewal process in which licensees are sent a notice and encouraged to renew on-line. In addition, implementation of the Compact has necessitated an amendment that states: Upon renewal, all licensees shall declare their primary state of residence. If the declared state of residence is another Compact state, the licensee is not eligible for renewal.

18VAC90-20-230. Reinstatement of licenses.

Clarify that this section includes provisions for lapsed licenses and for licenses that have been suspended or revoked.

Part IV. Clinical Nurse Specialists.

Amendments to regulations for clinical nurse specialists are necessary to: 1) Clarify that the board approves programs that offer a graduate degree (which may be a doctorate rather than a masters); 2) Allow registration of clinical nurse specialists who have graduated from a school that is in the process of being accredited; 3) Ensure that the applicant actually holds a graduate degree in nursing; and 4) Include provisions that are currently in the definition section.

18VAC90-20-300. Disciplinary provisions.

An amendment is proposed to express the intent of the board that it may be a violation of professional boundaries to take advantage of the vulnerability of a patient's family as well as the patient himself. All provisions of unprofessional conduct will be considered to address issues that have arisen in disciplinary cases before the board.

Part VII. Medication Administration Training Program.

The regulations for medication administration training programs are amended in this action to increase the required hours from 24 to 32, which is consistent with all programs currently approved. While the Board has adopted a new chapter for registration of medication aides and approval of training programs, those regulations are directed to practice in assisted living facilities. These regulations will remain in Chapter 20 to be applicable to medication administration in settings other than assisted living facilities.

18VAC90-20-410. Requirements for protocol for administration of adult immunization.

The Board reviewed the protocol and made one change related to emergency guidelines in immunization programs as necessary to ensure patient safety.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) *the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) *the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) *other pertinent matters of interest to the regulated community, government officials, and the public.*

If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.

- 1) The primary advantage to the public is greater assurance that nursing education programs are adequately preparing students for practice. There are no disadvantages of the regulations.
- 2) Clarification and additional specificity should improve enforceability and reduce some confusion or questions about the intent of some requirements, resulting in greater efficiency for the agency. There are no disadvantages to the agency or the Commonwealth.
- 3) There are no other pertinent issues.

Economic impact

Please identify the anticipated economic impact of the proposed regulation.

<p>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures</p>	<p>a) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal fees it charges to practitioners; b) The agency will incur some one-time costs (less than \$1,000) for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities. Every effort will be made to incorporate those into anticipated mailings and Board meetings already scheduled. There are no on-going costs to the agency.</p>
<p>Projected cost of the regulation on localities</p>	<p>There are no costs to localities</p>
<p>Description of the individuals, businesses or other entities likely to be affected by</p>	<p>The individuals affected would be licensed practical nurses and registered nurses, and the businesses affected</p>

<p>the regulation</p>	<p>would be programs that provide education for nursing students.</p>
<p>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>There are a total of 82,370 persons licensed as registered nurses and 27,198 licensed as practical nurses. The number of applicants for licensure per year would be approximately 5,500 for registered nurse and 2,400 for licensed practical nurse. Of the 68 educational programs for LPN’s, 15 would be considered small businesses. The rest are located in public schools, community colleges or large health systems. Of the 47 RN programs, only 2 would be considered small businesses. Each year, approximately 5 or 6 LPN programs apply for board approval and approximately 1 or 2 RN programs.</p>
<p>All projected costs of the regulation for affected individuals, businesses, or other entities. Please be specific. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.</p>	<p>There should not be additional costs for currently licensed nurses or approved programs. A new nursing education program applying for full approval by the Board would have to pay the \$1,200 application fee.</p>

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action.

In reviewing nursing education programs, board staff and site visitors are often called upon to interpret the regulations and the intent of the board. In some situations, it is apparent that programs have not provided adequate resources, faculty, clinical opportunities or other essential elements for educating a competent nurse; but regulations have lacked the specificity or content necessary to hold those programs accountable. On occasion, the Education Special Conference Committee has been unable to withhold approval or take action related to an education program because the regulation did not provide adequate grounds for such a decision. In addition, nursing education must continue to evolve to meet the changing demands of practice and to prepare the student for practice in modern health care systems where the nurse may be part of an interdisciplinary team and may have responsibility for overseeing patient care delivered by other regulated and unregulated individuals. Without some amendment to regulation, the board will continue to be unable to appropriately provide guidance for educational programs and to take action to place those programs that do not adequately prepare students on terms and conditions.

To address the gaps in content and accountability, the Regulatory Review Committee has talked with educators, considered public comment on the NOIRA and studied the Model Regulations of the National Council of State Boards of Nursing. Early in the process of developing regulations, concern had been expressed by the directors of practical nursing programs about possible changes that might have an adverse effect. A meeting was held with educators in practical nursing in which the changes were discussed and clarified, and the process for requesting exceptions was also explained. Following that meeting, one of the practical nursing directors sent a survey to PN directors. Twenty-eight of the 42 responded - 12 hold a baccalaureate

degree, 14 hold a master’s degree and 2 hold a doctorate; 26 of those have a baccalaureate or higher in nursing. The board did not recommend any amendment to the educational credential for PN directors, but the Board did initially consider proposed requirements for faculty of RN programs. While the Board did not believe the changes would be significant for most programs and the availability of exceptions for certain programs would mitigate any adverse effect, there was concern about the timing of Board action to raise the bar for nursing education program faculty. As a result, the Board eliminated the increased qualifications for nursing program directors and faculty in the proposed regulatory package.

Public comment

Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.

The Notice of Intended Regulatory Action (NOIRA) was submitted for Executive Branch review on July 22, 2005 and published by the Register of Regulations on September 19, 2005 with a request for comment until October 19, 2005. The comments are summarized as follows:

Commenter	Comment	Agency response
Susan Ward on behalf of the Virginia Hospital and Healthcare Association	1) Need for clearer evidence of clinical resources to establishment a nursing program; should require a report on number of available positions & hours available to program; report should be updated biennially to mitigate current problems with a shortage of clinical sites; 2) Should require data on program effectiveness to include 80% passage rate on NCLEX for 3 of past 4 quarters; should allow require report on number of dropouts.	The proposed regulations adopt the recommendations of the commenters and will require more information and accountability from educational programs relating to sufficiency of clinical training sites and passage on the NCLEX as a measure of performance.
Leslie Durr, PH.D.	Supports proposed changes, but favors a rule on the proportion of full-time and adjunct faculty. With use of adjuncts, the programs can skirt the qualification requirements and not provide any continuity for students.	The Board considered the comment but did not choose to propose a ratio or quota for adjunct faculty.
Patricia King Sentara School of Nursing	Supports establishment of a minimum of 500 hours of clinical practice in a RN education program. Readiness for practice is greatly enhanced by clinical exposure, and as acuity in hospitals rises and the workload increases, facilities are unable to remediate any deficiencies in an employee’s educational program.	The Board has adopted the recommendation and included the requirement for clinical hours.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The Board has assessed the impact of the proposed regulatory action and does not believe there will be any impact on the family or family stability.

Detail of changes

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail all new provisions and/or all changes to existing sections.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10	n/a	Defines words and terms used in the chapter	Adds a definition of “accreditation” and “NCLEX” for use in proposed regulations and eliminates the definition of “clinical nurse specialist” which includes requirements now stated in sections 275 and 280.
35	n/a	Requires nurses to wear identification that clearly indicates the person’s name and appropriate title under which he is practicing while providing direct patient care.	Adds that the identification must be clearly visible. <i>Necessary to clarify the intent of the Board is for the patient/client to be able to know who is providing care and the level of their license or certification. Some persons have been wearing identification tags turned over or in pockets.</i>
40	n/a	Sets out the application requirements and process for a nursing education program seeking Board approval	Changes in Subsection A: 1) Adds a fee of \$1,200 for an institution applying for board approval of a nursing education program. <i>The costs of approval of nursing education programs have always been borne by nurses through their renewal fees. The Board believes that nursing programs should take responsibility for the costs incurred rather than shifting costs to individual nurses. In addition, the multistate licensure compact has resulted in fewer nurses licensed by Virginia for which the costs can be shared. In determining an appropriate fee, it was</i>

			<p><i>calculated that at least 4 full days of staff time is spent in reviewing an applicant program, including the time and expense of 2 site visits. If the program is initially given provisional approval, a third visit must be conducted. Expenses also include a meeting of board members on the Education Special Conference Committee, so per diem and travel expenses are included. The fee of \$1,200 is in the middle of the range of fees charged by other jurisdictions, including a fee of \$5,000 charged by the District of Columbia. There is no fee proposed for continued approval of nursing education programs.</i></p> <p>Adds clarification for what constitutes: 1) “adequate resources” in relation to the projected number of students; 2) “availability of qualified facility;” 3) “budgeted faculty positions;” and 4) “availability of clinical sites.”</p> <p><i>In working with applicants for program approval, board staff finds that there is a lack of clarity and specificity about the application information required by regulation. Applicants often request more guidance about the meaning of the rules. In addition, the addition of more specific requirements for copies of contracts or letters of agreement with clinical sites is in response to comment from the Va. Hospital and Healthcare Association (VHHA) asking that the Board require more concrete evidence of sufficient availability of clinical experiences for the number of students before approving a nursing education program. The Board is also proposing an enrollment plan for each program as an indicator of viability and sufficient resources.</i></p>
50	n/a	Sets out requirements for provisional approval of nursing education programs	<i>Changes proposed are grammatical rather than substantive.</i>
60	n/a	Sets out the requirements for final program approval.	<p>Adds a requirement for final approval to include evidence of a cumulative passing rate for the program’s first-time test takers taking the NCLEX over the first four quarters following graduation of the first class of not less than 80%; and clarifies that the final survey visit and report must be satisfactory and must verify that the program is in compliance with board requirements.</p> <p><i>In response to a comment from the VHHA and for consistency with model rules from the</i></p>

			<p><i>National Council, the Board has added a requirement that the NCLEX passage rate be at least 80% for first-time test takers. A program that consistently falls below 80% should not receive full approval but needs to be examined for deficiencies and, if not able to remediate, should not be approved. It is a disservice to students to spend their time and money enrolling in a marginal program without a high probability of passing the licensure examination. Through the 3rd quarter of 2005, the national average for practical nursing programs is 89.87 % passing; for Virginia, the average was 83.20%. Neighboring states had higher passage rates (KY- 93.99; MD – 96.15; NC – 93.81; SC – 94.50; TN – 92.86; WV – 94.69). In RN programs, the national average was 87.88%; for Virginia the average was 87.48%. Neighboring states had similar or higher passage rates (KY- 90.45; MD – 87.45; NC – 89.25; SC – 89.17; TN – 92.27; WV – 87.47). All of those states currently have the NCLEX passage rate as a criterion for program approval. In several programs in Virginia, where there has been a recent focus on program quality and the NCLEX, there has been marked improvement in the percentage of passage, resulting in a net increase in the number of nurses available for licensure and practice.</i></p>
65	n/a	States that the Board accepts evidence of accreditation by a nationally recognized accrediting body for continued approval	<p><i>Repeals section 65 because it is restated in section 160.</i></p>
70	n/a	Sets out the requirements for the organization and administration of a nursing education program.	<p><i>Specifies that the program director must hold an unencumbered license or multistate privilege and that the director has specific authority over the curriculum, students, faculty, and the program budget within the policies of the institution. The amendments are necessary to clarify that the director is not only a registered nurse but holds an unencumbered license. The position should not be held by someone who has a license restricted by disciplinary action. The specificity about the authority of the program director is essential to ensure that the person who is responsible to the board for program compliance has actual authority over key elements and can effect change if necessary. The amendment in subsection E adds to the meaning of the rule to specify that the financial</i></p>

			<p><i>support and resources must be <u>sufficient</u> to meet the program goals.</i></p>
90	n/a	<p>Sets out the licensure and degree for program directors and faculty in nursing education programs.</p>	<p>An amendment is necessary to clarify that the director and the faculty are not only registered nurses but hold unencumbered licenses. Those positions should not be held by someone who has a license restricted by disciplinary action.</p> <p>In the section on an initial request for exception.</p> <p>(1) The program director shall submit a request for initial exception in writing prior to the <u>academic year</u> during which the nursing faculty member is scheduled to teach <u>or whenever an unexpected vacancy has occurred.</u></p> <p><i>Currently, there are no provisions for requesting an exception to fill a vacancy that occurs in the middle of a term or an academic year.</i></p> <p><u>(4) Any request for continuing exception shall be considered by the committee, which shall make a recommendation to the board.</u></p> <p><i>Continuing exceptions must be granted by the committee and are based on progress towards a degree. The Education Special Conference Committee currently considers such requests and makes recommendations to the board.</i></p> <p>Subsection B. Number.</p> <p>2. When students are giving direct care to patients, the ratio of students to faculty shall not exceed 10 students to one faculty member, <u>and the faculty shall be on-site solely to supervise students.</u></p> <p>3. When preceptors are utilized for specified learning experiences in clinical settings, the ratio shall not exceed 15 students to one faculty member <u>may supervise up to 15 students.</u></p> <p><i>There are clarifications in this section to specify the board's intent for the supervision of students engaged in clinical training giving direct patient care.</i></p>
95	n/a	<p>Sets out the requirements for preceptorships</p>	<p>There is a new subsection C, which states that: Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate</p>

			<p>the duties of the preceptorship.</p> <p><i>The purpose of the amendment is to specify the responsibility of the nursing faculty for the assignment of preceptors and to affirmatively state that the duties of a preceptor cannot be delegated.</i></p>
n/a	96	n/a	<p>A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.</p> <p>B. Faculty members or preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student’s clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the patients.</p> <p><i>These new provisions are intended to address issues that often arise about clinical practice by nursing students and the responsibility of the clinical instructor or preceptor for that practice. Questions have arisen about the accountability of a preceptor or faculty member for the clinical care of patients. Because of the lack of specificity in regulation, some have been reluctant to assume that role and responsibility. The proposed regulation will make clear the relative responsibility of the student and the supervisor for their actions.</i></p>
110	n/a	Sets requirements for the information about the program that must be published and made available to students, applicants and the board.	<p>In section C, adds requirement that passage rates on NCLEX must be published and made available to applicants. <i>Openness about NCLEX passage may encourage students to make better choices about their nursing education, so they will choose programs with high passage rates and have a better chance at passing the licensure exam.</i></p>
120	n/a	Sets requirements for the curriculum in a practical nursing and a registered nursing program.	<p>Subsection B is amended to include the concepts and topics that all nursing programs (RN and PN) must include in their curricula.</p> <p>Subsection C is amended to specify those <i>additional</i> areas that the RN student must learn,</p>

			<p>including data collection, making independent decisions, developing clinical judgment, delegation of nursing tasks, and pathophysiology.</p> <p>Subsection D specifies the minimum number of hours of clinical training in direct patient care that each type of program must include – 400 hours for PN programs and 500 for RN programs.</p> <p><i>Following the Model Rules, the Board proposes to add more specificity to the curriculum requirements to reflect information and topics, such as working in interdisciplinary teams and conflict resolution that are appropriate to the modern practice of nursing in health systems. Current curriculum content, such as “concepts of the nursing process” does not provide sufficient guidance about the didactic and clinical experiences nursing students should have to prepare them for NCLEX and for practice. The additional specificity will enable the Board to better assess the quality of the curriculum and hold programs accountable.</i></p> <p><i>Establishing a benchmark for hours in direct client care is necessary to ensure that students have sufficient supervised clinical training to enable them to translate what they have learned in the classroom into a clinical setting. Currently, most PN programs (those in community colleges and public schools) have at least 400 hours with only a few proprietary programs that have between 350 and 400 hours. RN programs have a wider range of required hours in direct client care, with one program requiring 1,300 hours. In some states (Texas for one), a LPN cannot be licensed by endorsement if his program did not require at least 400 clinical hours. The Board is establishing a minimal standard, the programs can exceed the minimum if appropriate.</i></p>
130	n/a	Establishes the resources, facilities and services that must be offered by an approved program	<i>There are only grammatical or clarifying changes in section 130.</i>
140	n/a	Establishes the program changes that must be reported to the board within certain time frames.	<p>The additional changes that must be reported within 10 days include:</p> <ul style="list-style-type: none"> • A change in content of curriculum, faculty or method of delivery that affects 25% or more of the hours of instruction;

			<p><i>The Board does not need to be informed within 10 days whenever there are relatively minor modifications, but if more than 25% of the major elements of the educational program have been changed since the last annual report, it is important for the Board to have that information in a timely manner as it may affect continued compliance. It is necessary to report the method of delivery so the Board will know whether courses are being offered live or on-line.</i></p> <ul style="list-style-type: none"> • A change in financial resources that could substantively affect the nursing education program; • A change in the physical location of the program. <p><i>Information about financial resources that could affect the viability of the program and the physical location of the program is also necessary information for the agency that approves and oversees the programs.</i></p>
n/a	151	n/a	<p>In the section on program approval, the standard of 80% passage on NCLEX is set; in this section, the Board establishes that continued approval may depend on maintaining that rate of passage. If the standard is not met for two consecutive years, a site visit is required and the program is placed on conditional approval. If the program falls below 80% for three years, the Board is authorized to withdraw approval. <i>Marginal programs that <u>consistently</u> do not prepare students to pass the licensure examination are taking advantage of students' time and money and not adequately preparing them for licensure or practice. With a standard to meet and with proper guidance, it is possible for such programs to achieve the established goal.</i></p>
160	n/a	Sets the criteria and schedule for evaluating a nursing education program and a process for the Education Special Conference Committee to follow in a case decision on continued approval.	<p>The amended regulation provides that: A program that <u>has not achieved accreditation as defined</u> in 18VAC90-20-10 must be reevaluated at least every eight years <u>for a practical nursing program</u> and every six years <u>for a registered nursing program</u> by submission of a comprehensive self-evaluation report and a survey visit. <i>The current schedule of a comprehensive review and site visit every 8 years is sufficient for PN programs, but a RN program that does not have national accreditation is likely to be struggling or marginal in some manner and therefore demands closer scrutiny by the Board.</i></p>

			<p>2. A program that has maintained accreditation must be reevaluated at least every <u>ten</u> years by submission of a comprehensive self-evaluation report as provided by the board. <i>The current requirement is a review every 8 years, so the amended rule is less burdensome. Although a program has maintained national accreditation, there are aspects of nursing education that are not reviewed by accrediting bodies, so the Board must retain its statutory responsibility for oversight and approval.</i></p> <p>As evidence of compliance with specific requirements of its rules, the board may accept the most recent <u>study report</u>, <u>site visit report</u> and <u>final decision letter</u> from the accrediting body. <i>The amended rule makes clearer what information from the accrediting body must be submitted in lieu of a comprehensive self-study report and site visit.</i></p> <p>If a program fails to submit the documentation from the accrediting body, it must then undergo the study and site visit required for a non-accredited program.</p> <p>Subsection C clarifies that the Education Special Conference Committee can make a recommendation to the board to take one of three actions: grant continued approval, place the program on conditional approval or withdraw approval.</p> <p><i>Other changes in this section are clarifying and not substantive.</i></p>
190	n/a	Establishes the requirements for an applicant seeking licensure by examination	<p>In subsection C, the requirement for the application and fee to be received no later than 60 days prior to the first day of the month in which the examination is taken is stricken; it is unnecessary with the advent of computerized exams which can be scheduled on a day suitable to the applicant. There is an addition to the requirement for the transcript to include the date of graduation or conferral of the degree. Subsection F is stricken and replaced with language in section 151 which allows the board to provide programs with their students' examination results but prohibits further release by the program.</p>
200	n/a	Establishes the requirements for an applicant seeking licensure	<p>Adds a provision that an applicant for licensure by endorsement can only be issued a single state</p>

		by endorsement	license rather than a multistate licensure privilege. <i>The amendment is necessary for consistency with requirements of the Compact which requires passage of NCLEX for all persons holding a multistate privilege. There are a few non-Compact states in which applicants do not take NCLEX; Virginia would still be able to license such an applicant; however, they would not be afforded the multistate licensure privilege..</i>
220	n/a	Sets the requirements for renewal of licensure	<i>In addition to changes in wording for consistency with on-line renewal, the Board has added a requirement for declaration of primary state of residency. It is currently required as part of the Compact agreement, but has not been affirmatively stated in regulation. A nurse may hold only one license with multistate privilege from a Compact state and that must be the state in which he has his primary residence.</i>
230	n/a	Establishes the requirements for reinstatement of licensure	<i>The title is amended to make it clear that this section includes provisions for reinstatement of a lapsed license and a license that has been suspended or revoked.</i>
275	n/a	Sets out the provisions for approval of clinical nurse specialist education programs	The proposed changes in subsection A reflect the addition of a definition for “accreditation” and change the requirement from a “master’s” to a “graduate” degree in recognition that some programs offer a doctoral rather than a master’s. The proposed change in subsection B will allow the Board to register a clinical nurse specialist who has graduated from a program that has not yet been accredited but has not been denied accreditation – similar to nurses who graduate from a nursing education program that has provisional approval by the Board. Other changes are technical or are necessary to incorporate language currently found in definition.
300	n/a	Sets out the disciplinary provisions for the Board to deny licensure or take action against a licensee	Adds to the grounds for professional boundary violations taking advantage of the vulnerability of a patient’s family and adds grounds for providing false information to staff or board members in the course of an investigation or proceeding. <i>The Board has identified acts that warranted disciplinary action but are not specifically listed as grounds.</i>
370	n/a	Establishes the requirements for approval of a medication administration training program	Revises the minimum number of hours from 24 to 32 hours. <i>Currently, all approved programs offer at least 32 hours, which is a minimal time for covering all aspects of the curriculum.</i>

410	n/a	Establishes the requirements for approval of a protocol for administration of adult immunization	The proposed amendment would add that emergency guidelines must include a signed medical directive for medical treatment. <i>Regulations currently require a signed medical directive (#4); the additional language would ensure that that directive include direction for emergency treatment. Most protocols already follow that format.</i>
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