

DRAFT: The regulation of nurses in the US: a summary

Who does what?

QA of higher education	National Council of State Boards of Nursing (NCSBN) sets national standards; evaluation at state level as to whether standards have been met
Registration and licensure	State Boards of Nursing; separate process of certification for advanced practice
Standards	American Nursing Association
Non-adherence to standards	State Boards of Nursing

1. Introduction

The US has two levels of government – federal government and the state governments. The regulation of nurses is managed by a combination of national and state-based organisations, as is the regulation of other health professionals.

In almost all states a *nurse practice act* establishes a *board of nursing* as an agency of state government. Some boards are independent and maintain all registration, licensing and disciplinary powers, while others are part of a larger umbrella organisation, such as the state department of health. Boards may share legal and investigative resources with other boards. Some states have more than one board for example California. In total there are 59 state boards of nursing.

At the national level the *National Council for the State Boards of Nursing* (NCSBN) plays an important role in a number of regulatory functions, and the *American Nursing Association*, the professional representative body, sets out the Code of Ethics.

Four kinds of nurse

The Nurse Assistant: 75 hours of training, basic care mostly in nursing care facilities and patients' homes

Licensed practical nurse (LPN)/Licensed vocational nurse (LVN): 12-18 months of training, provide basic nursing care primarily in long-term care or ambulatory settings under the supervision of a registered nurse or doctor

Registered nurse: training ranges from degree or diploma in nursing (2-3 years), providing direct patient care, to PhD or doctor of nursing practice.

Advanced practice registered nurse: advanced academic and clinical education, knowledge, skills and scope of practice.

2. Quality Assurance of Higher Education

The National Council of the State Boards of Nursing has developed *nursing education standards* for education institutions. While these standards are developed nationally, which body is entrusted with evaluating whether these standards have been met is determined by each individual state.

The accreditation process for new nursing education programmes consists of three phases: the first and second phases are preparatory and designed to evaluate such areas as financial resources, level

of community support, and overview of the curriculum. Approval for admission of students is granted at the end of the second phase. The third phase consists of granting final approval and does not take place until graduation of the first class, when performance results are appraised.

Once a programme is established, the state board of nursing provides quality assurance on an ongoing basis through regular reviews, periodic survey and accreditation visits, information on student retention and attrition, faculty turnover, complaints and other criteria.

Continuing professional development

Principles for continuing professional development (also referred to as continuing competency) are outlined by the NCSBN, but each state board of nursing has its own specific requirements. The methods used to evaluate, monitor and ensure compliance vary considerably between states. In some, specific particular continuing education courses and other activities are required, while in others, nurses must confirm that a minimum number of practice hours during a period have been worked. For example, in Delaware, one option to fulfil the CPD requirement is to establish having practised in the licensed specialty for 600 hours over the previous two years. Whatever approach is taken, it is usual for compliance to be checked as part of the renewal of licensure process (see below).

3. Registration and licensure

The licensure of nurses is managed by the state boards of nursing. In order to obtain a licence as a Registered Nurse, students must graduate from an approved nursing programme and pass a national licensing examination developed by the NCSBN. This examination is known as the National Council Licensure Examination for Registered Nurses (NCLEX-RN). While the NCLEX-RN is written by the NCSBN based on what new nurses need to know, individual state boards of nursing are in charge of administering the exam for potential licensees. State boards also run a system of licence renewal whereby nurses periodically confirm that they have met continuing competence requirements, and update the board with any relevant changes to their personal details and circumstances. Unlike some other regulatory systems, registration and licensure are not separate processes – they are effectively one and the same.

The licensure arrangements for APRNs is more complex and involves process of *certification*, whereby a nurse confirms that they have met the specific requirements needed to practise advanced nursing. After completing the formal educational requirements (Masters or PhD), an applicant may choose from different further examinations in order to become an APRN. There is a range of organisations which certify qualifications in the different specialties; these organisations have a membership organisation, the American Board for Specialty Nursing Certification.

However, successful certification by a recognised organisation does not of itself authorise a nurse to practise as an APRN – a state licence as an advanced nurse must be obtained as well, from the state board of nursing. Each state determines the scope of APRN practice, criteria for entry into advanced practice, and the certification examinations that are required. In some states, a nurse may need to already hold a registered nurse licence, as well as having passed the certification examination. In other states, a registered nurse licence is not initially necessary. Even after obtaining a state licence for advanced practice, an APRN may need further specific authorisations, for example, to prescribe medications.

Professional mobility

Professionals seeking to work in nursing in the US can be divided into two groups – those who qualified in the US and those who qualified elsewhere.

If they wish to, US-educated nurses may be licensed in more than one state, through examination or a process of endorsement of the licence they hold in their 'home' state. 24 states have entered into the *Nurse Licensure Compact*, which grants automatic recognition of licensure across those states. However, nurses must continue to meet the licence renewal and continuing competence requirements of the 'home' state. Also, under the Compact a 'non-home' state board can only remove the nurse's *right to practise* in that state, should they wish to – only the 'home' state can remove the licence.

Nurses educated outside the US can apply to nursing boards to have their qualifications evaluated. Some nursing boards outsource the process of evaluating applications to an evaluation credentialing agency. For example, the Commission on Graduates of Foreign nursing Schools (CGFNS) is a not-for-profit organisation helping boards to evaluate the educational level of international applicants. The NCSBN has developed guidelines for credentialing agencies to use when evaluating international qualifications – the Minimal Dataset for the Evaluation of International Nurses. An important initiative in promoting mobility into the US has been to hold US-recognised nursing examinations in other countries. By 2010, the NCSBN was holding the examination in 18 international locations (including the Philippines, India and Canada).

4. Standards of practice

The American Nurses Association (ANA), the national professional representative body, publishes the *Code of Ethics for Nurses*. It comprises nine main provisions and detailed accompanying interpretative statements. The statements are designed to provide the nurses with a framework for ethical analysis and decision making. A number of practical guides have also been produced to assist nurses in putting the code into practice in their daily work.

5. Non-adherence to standards

Anyone may make a complaint to a state board that a nurse has not adhered to professional standards. Two main routes exist for the resolution of complaints. The first is *informal proceedings*, ie, the use of less formal methods to address any problems or deficiencies that have been identified. An example is the remediation process; in some states, nurses are offered monitored programmes to help correct any practice deficiencies.

The second route for complaint resolution is a formal *administrative hearing*, which may result in a range of outcomes including: revocation of licence, suspension of licence, conditions on a licence, reprimand, or a fine.