

REVISIONS TO DISCIPLINES LIST FORM

PLEASE TYPE

(Note: Only typed forms will be accepted.)

DATE SUBMITTED: _____

DISCIPLINES LIST TITLE: _____

This proposal is for a New discipline
 Revision to existing discipline

Reason for the proposal Create a new discipline
 Update language in existing discipline to reflect new terminology
 Make minimum qualifications in existing discipline more restrictive
 Make minimum qualifications in existing discipline less restrictive

PROPOSAL LANGUAGE: (If this is an existing minimum qualification, please include the original language and change using strikeouts and *italics*).

PROPOSAL EVIDENCE:

Any Disciplines List proposal must have the following evidence, which is essential because it provides the rationale about why the change is needed as well as inform the field that the research has been completed to ensure that the change is necessary. A lack of documentation about the need of Discipline List Revision may cause the proposal to be delayed or rejected by the Executive Committee. Please use the following check list to ensure all you have conducted all necessary research.

Required investigation of the following and statement of findings:

- Contacted an associated professional organization to determine support of proposal
- Included evidence of degrees within the proposed revision of the discipline or new discipline.
- Provided a list of the titles of the degrees and programs to document the need for a new or revised discipline using the below criteria:
 - Minimum of three degrees
 - Regionally accredited institutions (all public institutions in California)
 - Disciplines in the Master's List requires evidence of the availability of masters degrees
 - Disciplines in the Non-masters List requires evidence of the availability of degree, certification, and/or professional experience, if necessary
- Provided statewide need documented by evidence to show a change is necessary and not merely a response to a unique need of one college, district or region. Demonstrated a balance of need across the state and included a discipline seconder from another district.
- Explained the impact of proposal across the state using a list the pro and con arguments and including refutation of the con arguments
- Provided other evidence such as significant changes to the field that requires a change to the Disciplines List.
- Provided a ½ page written rationale to be included in public documents.

SUBMISSION

Once a proposal is received by the Senate Office, it is reviewed by staff to ensure that all the information is complete and includes the revision, contact information, appropriate signatures and rationale. The Senate Office will also check to ensure that the proposal has not previously been considered and rejected by the delegates at a plenary session or, if it has, it is supported by a new rationale. The proposal is then sent to the S&P Chair to review the Senate Office information and to ensure that the proposal meets the initial requirements of the Disciplines List review process as well as to verify that the proposal is not being submitted to deal with a district-specific problem that does not apply broadly. If there are any concerns with the proposal, the S&P Chair, working with the S&P Committee, will immediately follow up with the initiator.

The contact person (or a designee) will be required to attend hearings where the proposal is presented. These hearings are typically held at the ASCCC plenary sessions. It should be noted that the contact person is responsible for investigating and documenting the need for changes to the Discipline List.

Please reference the Disciplines List Handbook for information about the process including the role of the initiator, the Standards and Practices Committee, the Executive Committee, and the delegates. This handbook can be found on our website at <http://asccc.org/disciplines-list>.



Contact person (author of proposal) _____

Phone number (please provide at least two numbers) _____

Email _____

Secunder (must be from another District) _____

Phone number (please provide at least two numbers) _____

Email _____

Signature of College Academic Senate President¹ _____

College _____

Email _____ Date approved by College Academic Senate _____

OR

Organization _____

President _____

Date Approved by Organization _____ Phone for President _____

RETURN FORM TO:

The Academic Senate for California Community Colleges
One Capitol Mall, Suite 230, Sacramento, CA 95814
Email: disciplineslist@asccc.org

¹ By signing this document, the Senate President is certifying that the required investigation and statement of findings have been sufficiently addressed.

Proposal to State Academic Senate

Request for Alignment of Nursing Discipline Minimum Qualifications with the California Board of Registered Nurses Minimum Qualifications

Background, Description of Problem and Specific Request

Associate level nursing programs in community colleges must follow the educational requirements outlined in the “Minimum Qualifications for Faculty and Administrators in California Community Colleges Handbook” when hiring nursing faculty. The nursing discipline is in the category that requires Master’s prepared faculty and also includes a series of equivalency options. According to the Min Quas Handbook, “the phrase ‘OR the equivalent’ refers to the possibility of hiring faculty who do not possess the exact degrees listed, under a local process developed and agreed upon by representatives of the governing board and the Academic Senate”. Of the 17 healthcare training disciplines listed in the Handbook, only the Nursing discipline is listed in this category with these requirements. Many colleges, but not all, allow nursing programs to hire clinical faculty under the Nurse Science/Clinical Practice discipline category that allows “any baccalaureate degree plus 2 years of professional experience or associates degree plus 6 years of experience”, requiring that the professional experience be related to the faculty’s teaching assignment.

Every nursing program in California is regulated by the California Board of Registered Nurses (BRN), a government body responsible for implementing The Nursing Practice Act, and as such, establishes its own nursing faculty requirements in education, previous experience in administration, licensing and length of time providing direct patient care for any faculty hired into California’s nursing programs. Additional requirements exist, also, in that every nursing faculty hired into a nursing program must be approved by the BRN, independent of the college, to join the college nursing program. Therefore nursing programs are regulated by two non-overlapping entities with DIFFERENT faculty minimum qualifications. As an acknowledgement of the duality of the regulations, the CCC nursing min quals states:

Master’s in nursing OR Bachelor’s in nursing AND Master’s in health education or health science OR the equivalent **OR the minimum qualifications as set by the Board of Registered Nursing, whichever is higher**

Further complexities exist as the BRN guidelines requires a certain infrastructure in the nursing programs relating to the nursing program and the faculty that are responsible for running it. Each nursing program must have a **program director**, an **associate program director**, a series of **instructors** with context expertise in 5 different specialties and *may also have* **assistant instructors** and **clinical teaching instructors**. The BRN organizational structure is detailed in **Table 1** below which includes the BRN’s requirements for education, length of time providing direct patient care, licensure, teaching and administrative experience for each organizational position.

Table 1. California Board of Registered Nursing: Nursing Program Organization and Minimum Administor/Faculty Requirements	
NURSING PROGRAM DIRECTOR	
Education	(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
License	Active RN License
Administrative Experience	(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
Teaching Experience	(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
Direct Patient Care	(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.
NURSING ASSISTANT PROGRAM DIRECTOR	
Education	(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
License	Active RN License
Administrative Experience	None
Teaching Experience	(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
Direct Patient Care	(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.
INSTRUCTOR	
Education	(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
License	Active RN License
Administrative Experience	
Teaching Experience	

Direct Patient Care	(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

ASSISTANT INSTRUCTOR

Education	(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;
License	Active RN License
Administrative Experience	None
Teaching Experience	None
Direct Patient Care	(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

CLINICAL TEACHING ASSISTANT

Education	Associate level
License	Active RN License
Administrative Experience	none
Teaching Experience	None
Direct Patient Care	1-year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years as an RN providing direct patient care

*Our request is to allow the BRN requirements of baccalaureate level RN with an active RN license and at least 1 year of additional direct patient care experience (in other words, align the min quals in nursing with the BRN requirements) be **hired as community college faculty** and fulfill the position in the nursing program described in the BRN hierarchy as “assistant instructor”. Further, we request that the BRN requirements of associate level RN with an active RN license and one year of professional experience be **hired as community college faculty** fulfilling the position described by the BRN of “clinical teaching assistant”.*

Availability of Baccalaureate and Associate Level Nurses

Baccalaureate level training programs

Regarding the availability of baccalaureate level training in nursing, a query of the California Board of Registered Nursing Dashboard on August 25, 2023, showed that 48 institutions (19 public and 29 private) conferred baccalaureate level degrees in nursing during the 2021-2022 year. Public institutions awarding bachelor’s degrees in nursing include the CSUs and UCs. The BRN divides the state into 10 regions. Below, each region is listed along with the number of baccalaureate awarding nursing programs (public and private).

- Bay Area - 10
- Central Coast - 1
- Central Sierra - 0
- Greater Sacramento - 3
- Inland Empire - 4
- LA Area - 20
- Northern California - 0
- Northern Sacramento Valley - 2
- San Joaquin Valley - 4
- Southern Border - 4

There are two regions with no baccalaureate awarding institutions. In those two regions there are 4 community college programs with associate level programs. These colleges would not be negatively affected by this change because the proposed change does not increase the required level of education for their nursing faculty. If baccalaureate level nurses are not available, they would continue to use the BRN min qual requirements by employing master’s prepared nurses.

Associate level training programs

Regarding the availability of associate level training in nursing, a query of the California Board of Registered Nursing Dashboard on August 25, 2023, showed that 91 institutions (77 public and 14 private) conferred associate level degrees in nursing during the 2021-2022 year. The public institutions awarding associate’s level degrees are California’s Community Colleges. The BRN divides the state into 10 regions. Below, each region is listed along with the number of baccalaureate awarding nursing programs (public and private).

- Bay Area - 17
- Central Coast - 5
- Central Sierra - 0
- Greater Sacramento - 6
- Inland Empire - 7
- LA Area - 34
- Northern California - 2
- Northern Sacramento Valley - 2
- San Joaquin Valley - 12
- Southern Border - 6

Documentation of Statewide Need for Change in Nursing Discipline Minimum Qualifications

The California Board of Registered Nurses tracks barriers to growth of all pre-licensure nursing programs in California. Data reviewed on the BRN Dashboard from the 2021-2022 reporting period, showed a total of 76 public nursing programs described the **lack of nursing faculty as a barrier to growth** of their program across the state (78% of the public pre-licensure nursing programs across California). This trend was present in all 10 regions across California where the lack of faculty was list as the #1 or #2 barriers to growth along with lack of clinical placements.

All 10 regions of the state listed lack of faculty as a barrier to growth. Below shows the vacancy rates in public nursing programs across the state disaggregated by region:

Bay Area - 11%
 Central Coast - 23%
 Greater Sacramento - 13%
 Inland Empire - 11%
 LA Area - 11%
 Northern California - 5%
 Northern Sacramento Valley - 12%
 San Joaquin Valley - 14%
 Southern Border - 11%

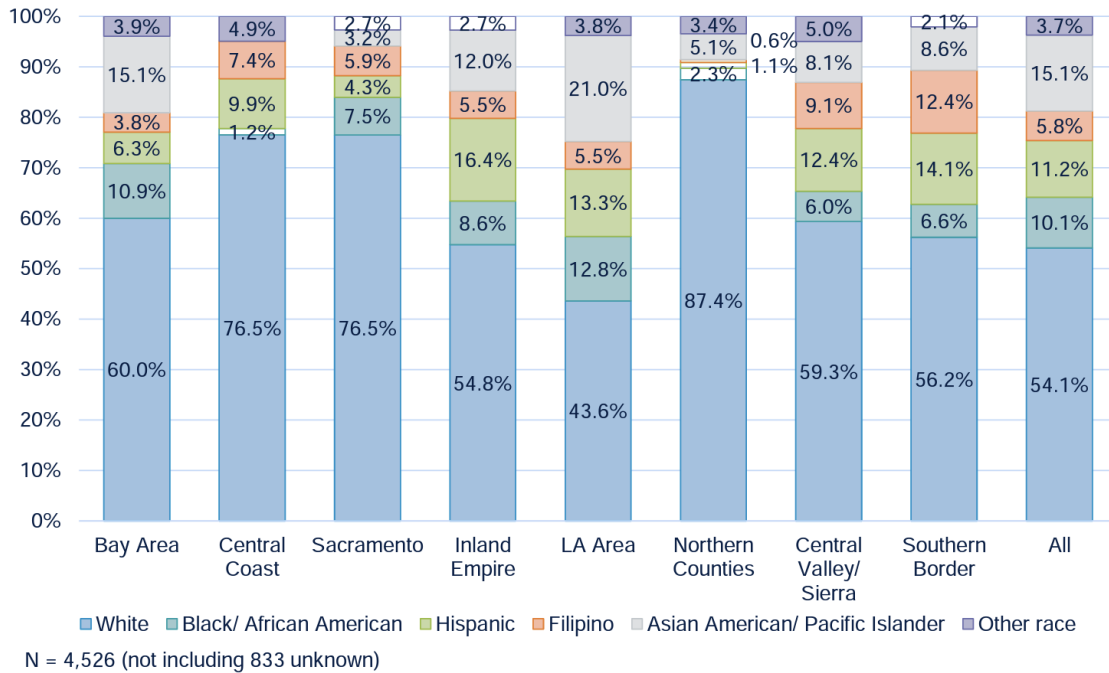
This data confirms that there is a nursing faculty shortage across California affecting every subregion.

Additional Factors Supporting a Need for Change in Nursing Minimum Qualifications

The chart below taken from the [Diversity of California's Nursing Workforce Chartbook Prepared for the California Board of Registered Nursing by the University of California, San Francisco](#)

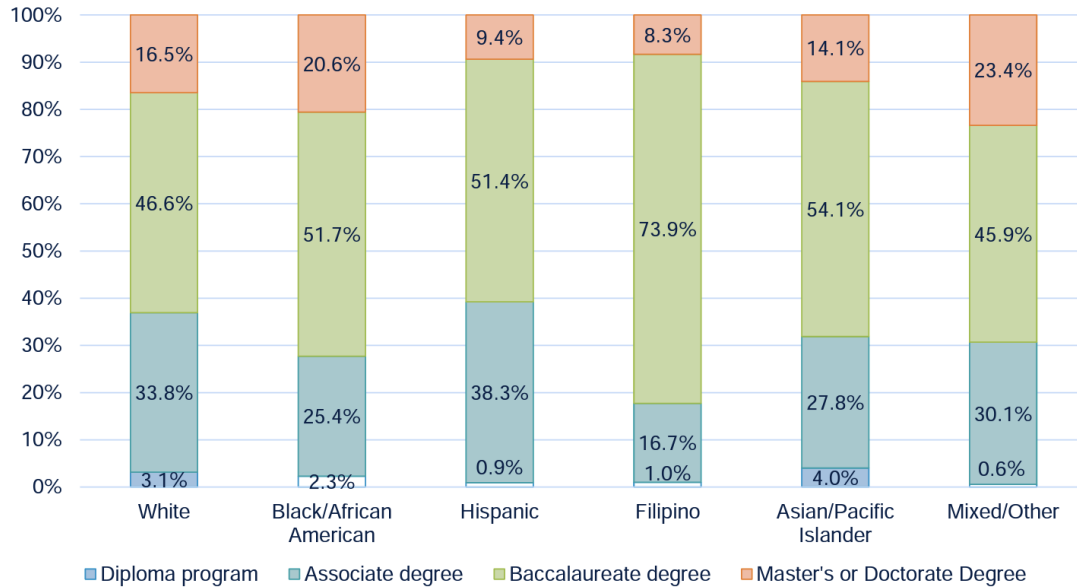
shows the overwhelming majority of nursing educators in pre-licensure nursing programs are white in every region of California.

Prelicensure faculty by race/ethnicity, by region



By contrast, the chart below taken from the same report, shows the proportion of Baccalaureate and Associate prepared RNs from all race/ethnicity is extremely high. Indeed for the Hispanic and Filipino race/ethnicity, over 90% of nurses are either associate or baccalaureate level. Less than 10% of nurses from those groups have masters or higher nursing degrees resulting in a very small pool of nurse educator faculty for which California's Community Colleges, CSUs, UCs and all the private colleges and for profit vocational schools compete to recruit nursing faculty. **Therefore, if community colleges were allowed to align the min quals with the BRN min quals, the pool of diverse RN educators for the assistant instructor position and clinical teaching assistant positions would expand dramatically and the subsequent nurse programs would better reflect the diverse California demographic.**

Highest nursing degree by race/ethnicity



N = 3,008

p-value = 0.0000

Note: There were not enough Native American respondents to calculate education.

Other Information supporting the need to change the Nursing Minimum Qualifications

A 2018 Brookings Report entitled “[The Importance of a Diverse Teaching Force](#)” states “*Research indicates that minority students do better contemporaneously in school – and likely in the long run as well – when they are exposed to teachers of their same race or ethnicity.*” The report goes on to explain “*A major driver of this underrepresentation appears to be the striking differences in the likelihood that young adults from different demographic groups have attained a bachelor’s degree, generally a prerequisite to teach.*” This report summarizes data collected from a series of reports all focused on K-12 education where a baccalaureate degree is the minimum qualification to teach. Our situation described in the proposal is analogous to this situation, except that the minimum teaching educational requirements are masters rather than baccalaureate. Indeed, we have a large pool of baccalaureate prepared nurses from diverse backgrounds, but nursing programs are blocked from utilizing them as faculty because of our minimum qualifications for faculty employment. A concrete data point that vividly illuminates the importance of same-race teachers in a classroom in a report entitled “[Who Believes in Me? The Effect of Student-Teacher Demographic Match on Teacher Expectations](#)” explains: “*Using a student fixed effects strategy that exploits expectations data from two teachers per student, we find that non-black teachers of black students have significantly lower expectations than do black teachers.*”

As part of the updated Community College **Vision for Success: Diversity, Equity, Inclusion and Accessibility Goals**, the Community College Chancellor's Offices states *"Building a faculty and staff who are reflective of the students and communities we serve is integral to our commitment to put diversity, equity, inclusion and accessibility (DEIA) and anti-racism at the heart of our work. Together, we will drive durable culture change in the California Community Colleges to become a system that truly works for all our students."* This goal reflects the commitment to *identify and carefully evaluate all systemic barriers* to diversify our faculty to ensure community colleges have the faculty we need to ensure the success of all students.

PROS and CONS for aligning the CCC Nursing Minimum Qualifications with the BRN Qualifications

PROS

1. An alignment of CCC nursing minimum qualifications to the California Board of Registered Nurses faculty qualifications would **increase the pool of faculty from diverse backgrounds.**

As described in the text of the proposal, aligning the nursing min quals with the BRN min quals would increase the "potential" pool of faculty from diverse backgrounds. This is due to the high percentage of nurses from diverse backgrounds who have attained baccalaureate level, but much lower proportion that are Master's prepared.

2. An alignment of CCC nursing minimum qualifications to the California Board of Registered Nurses faculty qualifications would **increase admission capacity at some community colleges.**

As described in the text of the proposal, many community college nursing programs now state that a primary barrier to growth of their program is lack of faculty. Further, some programs are now so limited in faculty that their admission capacity is declining. This is at a time when our healthcare industry partners are reporting unprecedented need for nurses. Therefore, aligning nursing min quals with the BRN min quals will grow our nursing faculty and thereby increase admission capacity and output of nursing graduates.

3. An alignment of CCC nursing minimum qualifications to the California Board of Registered Nurses faculty qualifications would **increase diversity of CCC nursing faculty.**

The California Community College Chancellor's Offices Reaffirmation of Vision for Success Goals explicitly states that we must evaluate our systemic processes that preclude our ability to have a teaching staff reflect the diversity of California's growing population. Aligning the nursing min quals with the BRN min quals would allow California's Community College Nursing Programs to expand and grow while diversifying our faculty such that our students see their own success in the faces of their faculty.

4. An alignment of CCC nursing minimum qualifications to the California Board of Registered Nurses faculty qualifications would **increase the diversity of the nursing applicant pool.**

Our nursing programs are all impacted. However, we can increase the diversity of the nursing applicant pool. Despite our best efforts to diversify our nursing programs, we still have a need to enroll students from Native American Indian, Asian Pacific, and African American/Black backgrounds in order to demonstrate equal access to the profession of nursing. When students see a diverse faculty, they can imagine themselves in the profession. We believe that having a

more diverse faculty will facilitate outreach from communities that are not fully represented in our programs currently.

5. An alignment of CCC nursing minimum qualifications to the California Board of Registered Nurses faculty qualifications would **remove confusion on CCC campuses by allowing nursing programs to follow ONE set of minimum qualifications (BRN) thereby decreasing organizational complexity within the nursing programs and decreasing stress on nursing program faculty and administrators**

Nursing program director jobs are chaotic. Their programs are regulated by the CA BRN and the CCCCCO. All faculty that fulfill the CCCCCO requirements for nursing discipline must ALSO be individually approved by the BRN and nursing faculty are notoriously difficult to recruit. Not only must the program directors balance these two non-overlapping regulatory entities, they depend on our industry partners to provide critical and required components to the student nurse training also known as clinical placements. At any time, an industry partner may decide that they can no longer host students for clinical placements at a site. This can throw the entire program into upheaval as they cobble together new clinical placements to ensure their students fulfill their graduation requirements. Working with an incomplete set of faculty to manage these challenges is a primary driver of our nursing programs directors' impulse to leave this position and these overwhelming responsibilities. Our nursing programs offer a pathway into a living wage profession that is highly regarded and "in demand" therefore, the applicant pool for our nursing classes ALWAYS has more applicants than they can enroll. Given the extraordinary responsibilities and challenges that each nursing program faces, the programs should be able to follow a single regulatory body with clear, concise, unambiguous faculty requirements. There is no transparent method to petition for changes to the BRN min quals, therefore we are requesting that the CCCCCO min quals be aligned with BRN min quals.

CONS

1. Aligning the nursing discipline CCCCCO minimum faculty requirements with the BRN's requirements **may result in a decrease in academic excellence and rigor of the nursing programs on the community college campuses.**

There are 17 healthcare training programs listed in the CCC Minimum Qualification Handbook. Fifteen are categorized as disciplines requiring any degree and professional experience (Bachelors + 2 years experience OR Associates + 6 years experience). The pharmacy technician discipline requires a specifically named bachelor's degree(s) or higher and two years of professional experience. Only the healthcare discipline of nursing is included on the discipline list requiring Master's prepared faculty or equivalent.

In order to investigate the impact of allowing baccalaureate or associate level faculty in healthcare training programs, we can look at the training programs that have published licensure exams pass rates as an indication of the effectiveness of baccalaureate and associate level faculty. For example, there are 22 community colleges with radiologic technology programs. This discipline's min quals for faculty are baccalaureate + 2 years experience or associates + 6 years experience in the area of subject being taught. The average pass rates of all 22 colleges combined from 2017 until 2021 is 94.5%. *Therefore, there is no effect on rigor of coursework taught in radiologic technology where the faculty min quals are baccalaureate or associates degrees that can be detected on the radiologic technology licensing exam.*

Similarly, there are 34 community colleges with licensed vocational nursing (LVN) training programs. These programs are regulated by the Board of Vocational Nurses and Psychiatric Technicians. LVN programs allow bachelor's degree + 2 or associates degree + 6 years of

experience. From 2018-2022, the average pass rates on the LVN licensing exam from all 34 programs is 89% (data was included only if more than 5 students took the exam and not all colleges report data for every year during the time period). Further, seventy-four percent (25/34) of the programs had pass rates between 90-100% at least once during the time frame. *These data provide more evidence that baccalaureate or associates prepared faculty with work experience are effective as faculty in healthcare training programs when pass rates on LVN licensing exam is the metric.*

2. Aligning BRN requirements for a single year of work experience is too short and will result in decrease in academic excellence and rigor in the classroom.

Need to work on this