

**REVISIONS TO DISCIPLINES LIST FORM
PLEASE TYPE**

(Note: Only typed forms will be accepted.)

DATE SUBMITTED: 9/27/2023

DISCIPLINES LIST TITLE: Nursing

This proposal is for a revision to existing discipline

Reason for the proposal: 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*).

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~~

PROPOSAL EVIDENCE (see attached):

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): **Shannon Spring, College of San Mateo**
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Signature of College Academic Senate President¹ *Todd Windisch*
College of San Mateo
Email: csmacademicsenate@smccd.edu
Date approved by College Academic Senate: **9/26/2023**

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

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 Quals 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”. Many colleges, but not all, allow nursing programs to hire clinical faculty under the 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.

Further, every nursing program in California is also 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. 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 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 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 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 be **hired as faculty** fulfilling the position described by the BRN of “clinical teaching assistant”.*

Many community college campuses, Human Resource (HR) Offices allow clinical faculty to be hired under the Nursing Science/Clinical Practice discipline using the Disciplines Requiring Any Degree and Professional Experience where “**a master’s degree is not generally expected or available. This category contains mostly career technical educational disciplines. The minimum qualifications for disciplines are any bachelor’s or associate degree. Unless otherwise noted, the professional experience required (two years/bachelors or six years/associate) must be directly related to the faculty member’s teaching assignment.**” Because the term “clinical practice” is used, many colleges use this discipline to allow baccalaureate prepared RNs to work as clinical faculty *but not as teaching faculty*. Other college HR will not allow this discipline to be used at all and require all nursing faculty to have a Master’s degree or go through the process of equivalency to determine faculty eligibility. The complexity and disjointed nature of the two governing bodies causes confusion on college campuses that host nursing programs and frustration for the nursing program directors who are responsible for the coordination and cohesion of the nursing program.

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. 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.

Aligning the Nursing discipline minimum qualifications with the CA Board of Registered Nurses will eliminate this confusion and remove a barrier for recruitment of clinical faculty into all community college associate level nursing programs

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 reported that lack of nursing faculty was 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.

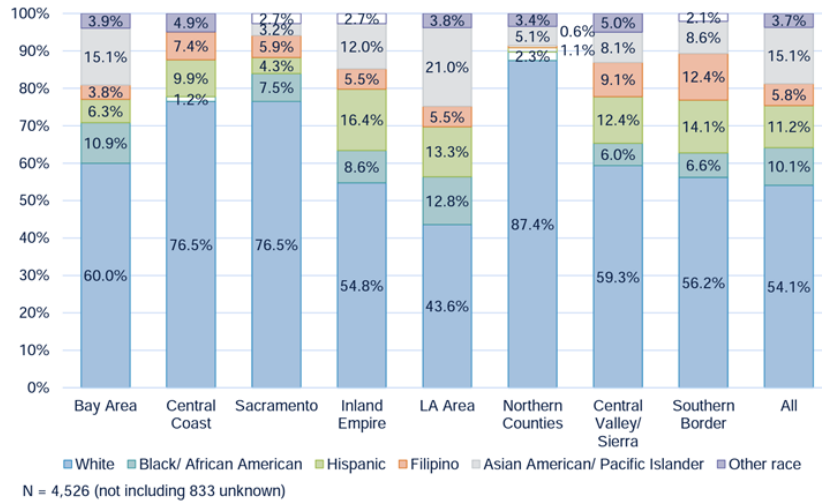
All 10 regions of the state listed lack of faculty as a barrier to growth. Below shows the vacancy rates in public nursing programs across the state disaggregated by region:

- 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.

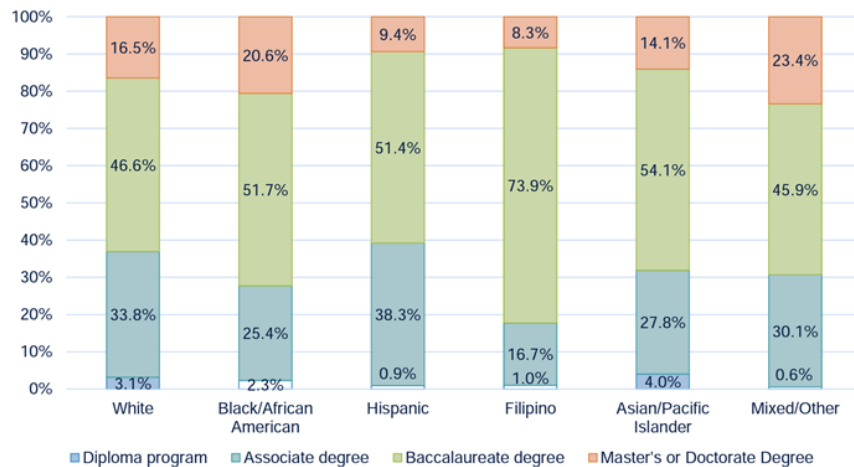
Further, the chart below taken from the [Diversity of California's Nursing Workforce Chartbook Prepared for the California Board of Registered Nursing by the University of California, San Francisco](#) shows the overwhelming majority of nursing educators in pre-licensure nursing programs are white in 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 prepared RNs from all race/ethnicity is high. **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 would expand dramatically.**

Highest nursing degree by race/ethnicity



N = 3,008

p-value = 0.0000

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

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 proposal reflects our purposeful 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 Office's 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, Pacific island, 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 CCCCO. All faculty that fulfill the CCCCO 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 CCCCO 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. The 89% average pass rate on the LVN licensing exam is higher than both the ADN and BSN pass rates on the 2020-21 RN licensing exam (NCLEX) of 87.6% and 84.8%, respectively. 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. **What happens if the BRN lowers their minimum faculty educational requirements.**

The California Board of Registered Nurses (BRN) are authorized by The Nursing Practice Act to regulate the education requirements, licensing requirements, direct patient care and teaching experience of all faculty in pre-licensure nursing programs. It is possible that the BRN could change their minimum faculty requirements. But, the BRN does yearly analysis of student outcomes from all programs and publishes their data in a yearly "Student Report " and the data are also now available on the BRN dashboard openly available for investigation. They are completely transparent in terms of success and struggles of the pre-licensure programs that they regulate and the students they serve. The BRN tracks student completion, attrition rates, pass rates on licensure exams, demographics including race/ethnicity and gender and most are disaggregated by race/ethnicity to look for equity gaps. Any changes to educational standards that affect student outcomes would be immediately trackable and easily observable. Any decline in outcomes that the State Academic Senate believes is a direct result of the alignment of CCCCCO min quals with BRN min quals, could be addressed through the return of the CCCCCO min quals to current status.

½ Page Written Rationale

Associate level nursing (ADN) programs in California's Community Colleges provide a pathway into the profession of nursing in a cost effective manner. Average community college nursing student loan debt upon graduation is \$6,341 compared to public baccalaureate (BSN) and private baccalaureate (BSN) loan debt of \$41,513 and \$49,985, respectively. First time pass rates on the RN licensure exam, the NCLEX, are indistinguishable between associate level and baccalaureate degree awarding educational institutions. Therefore, in order to ensure equitable access to the high quality education provided by community college nursing schools, our programs must expand to their full capacity. A chronic barrier to growth of ADN nursing programs and declining admission capacity in some programs is the inability to recruit nursing faculty. This is exacerbated by the fact that nursing programs are regulated by the California Board of Registered Nurses who are authorized by The Nursing Practice Act to develop standards for the nursing program faculty. However, nursing programs on community college campuses must also follow the CCCC Minimum Qualification handbook which places nursing into the discipline category requiring Master's prepared faculty. Despite the presence of multiple equivalency options also included for nursing, the CCCC min quals acknowledges the role of the BRN in establishing standards for faculty, but adds the verbiage "or the minimum qualifications as set out by the Board of Registered Nurses, *whichever is higher*". We propose that the statement "whichever is higher" is a structural barrier to faculty recruitment in our community college nursing programs. The BRN requires that all program directors, associate directors and instructors within the nursing programs be Master's prepared, but allow for hiring of assistant instructors and clinical teaching assistants be hired as faculty with a bachelor's or associate's degree, respectively. Allowing colleges to align with the BRN minimum faculty requirements would immediately grow the pool of eligible applicants of potential nursing educators and, importantly, greatly diversify our nursing educators since there is a broadly diverse pool of baccalaureate and associate level nurses compared to an overwhelmingly white master's prepared nurse. Further, this would allow our programs to return to historical admission capacity and where appropriate and needed, grow in admission capacity.