



National Advisory Council on Nurse Education and Practice (NACNEP)

*National Advisory Council on the National Health Service Corps
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Camillus Ezeike, Ph.D, JD, LLM, RN,PMP
Designated Federal Official, National Advisory Council on Nurse Education and Practice
Senior Advisor, Division of Nursing and Public Health
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Outline

- **NACNEP Overview**
- **Programs under NACNEP**
- **Questions**

National Advisory Council on Nurse Education and Practice (NACNEP)

As a federal advisory committee, NACNEP provides advice and recommendations to:

- ▶ **HHS Secretary**
- ▶ **Congress**
 - a) Committee on Health, Education, Labor and Pensions (U.S. Senate)
 - b) Committee on Energy and Commerce (U.S. House of Representatives)



NACNEP Charge

The National Advisory Council on Nurse Education and Practice (NACNEP) is authorized by Section 851 of the Public Health Service Act as amended by Public Law 105-392. The Council's charge is to:

1. Provide advice and recommendations concerning policy matters relating to the nurse workforce, education, and practice improvement;
2. Provide advice in the preparation of general regulations and with respect to policy matters relating to nurse supply, education and practice improvement; and
3. Prepare and submit an annual report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.



NACNEP

NACNEP provides advice and recommendations on Title VIII of the Public Health Service (PHS) Act, as amended, in support of nursing education and practice, which includes:

- Enhancement of the composition of the nursing workforce
- Improvement of the distribution and utilization of nurses to meet the health needs of the nation
- Expansion of the knowledge, skills, and capabilities of nurses to enhance the quality of nursing practice
- Development and dissemination of improved models of organization
- Financing and delivery of nursing services
- Promotion of interdisciplinary approaches to the delivery of health services, particularly in the context of public health and primary care



Structure

NACNEP membership:

- ▶ The HHS Secretary or delegate who shall be an ex-officio member and serve as the Chair
- ▶ Not less than 21 and no more than 23 members appointed by the Secretary
- ▶ Full council consists of representatives from:
 - Nurse educators
 - Practicing nurses
 - Advanced practice nurses
 - Nursing students
 - Hospitals and other institutions that provide nursing services
 - The general public



Structure

Council meetings are:

- ▶ Called by the DFO (or designee), who shall approve the agenda and be present at all meetings
- ▶ Held at least two times annually
- ▶ Conducted face-to-face or through webinar/teleconference
- ▶ Open to the public

Programs

The HRSA programs overseen by NACNEP under Title VIII of the PHS Act include:

- ▶ Nursing Workforce Diversity
- ▶ Nurse Education, Practice, Quality, Retention
- ▶ Veterans to Bachelor of Science in Nursing (VBSN)
- ▶ Advanced Nursing Education
- ▶ Nurse Anesthetist Traineeship
- ▶ Nurse Faculty Loan Program
- ▶ Nurse Corps Loan Repayment
- ▶ Nurse Corps Scholarship Program
- ▶ Comprehensive Geriatric Education Program
- ▶ Advanced Education Nursing Traineeship



NACNEP

Resources on the NACNEP web site:

- ▶ Council Charter
- ▶ Authorizing Legislation
- ▶ Member Roster
- ▶ Past Meeting Agendas and Minutes
- ▶ Reports

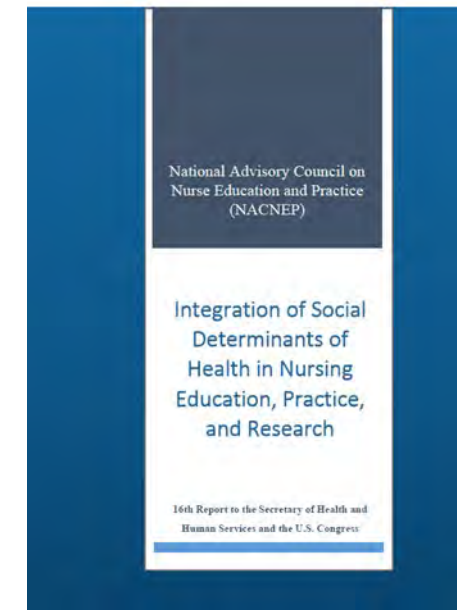
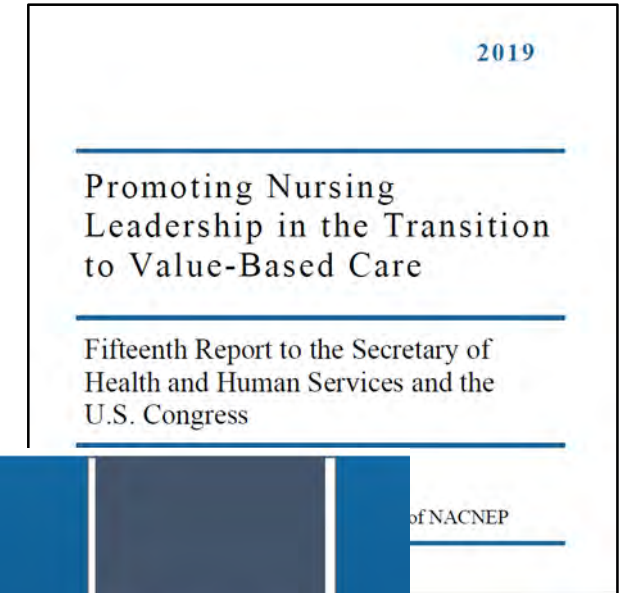
<https://www.hrsa.gov/advisory-committees/nursing/index.html>



NACNEP Reports

NACNEP published two reports in 2019:

- 15th Report: Promoting Nursing Leadership in the Transition to Value-Based Care
- 16th Report: Integration of Social Determinants of Health in Nursing Education, Practice, and Research



NACNEP

Topic for the NACNEP 17th Report: Impact of Nursing Faculty Shortage on Nursing Education and Practice

FCN Florida Center for Nursing

KEY FINDINGS
Florida Nurse Faculty Supply and Demand: Academic Year 2017-18

The following information presents **key findings** regarding Florida's nursing program faculty for Academic Year (AY) 2017-18. The full report provides an overview of nursing programs, and details faculty staffing patterns, demographic characteristics, and trends over time. Implications and recommendations are discussed.

FT Faculty Vacancies and Perceived Need for New Positions

	FT Vacancies (Sept. 30, 2018)	Additional FT Positions Needed
LPN	33	59
ADN	95	131
BSN	96	85
Total	224	275

FT Faculty Vacancy Rates by Program Type, 3-Year Trend

Year	LPN (%)	ADN (%)	BSN (%)
2015-16	10.0	8.9	8.2
2016-17	6.8	7.9	8.8
2017-18	9.0	9.1	10.0

- 82% overall **response rate**
 - 95 LPN, 108 ADN, and 49 BSN programs provided faculty data
- Faculty vacancy rates increased** for all pre-licensure program types
 - 10.0% BSN programs
 - 9.1% ADN programs
 - 9.0% LPN programs
- Programs reported a **need for 275 additional full-time positions** not budgeted
- LPN and ADN **student to faculty ratio** decreased, while the BSN ratio increased slightly.
 - LPN: 13 to 1
 - ADN: 17 to 1
 - BSN: 10 to 1
- Non-competitive salaries (43%) and limited applicant pools (39%) were the most common **barriers to faculty recruitment**.

PROFESSION AND SOCIETY

The Global Nursing Faculty Shortage: Status and Solutions for Change

Deena A. Nardi, PhD, PMHCNS-BC, FAAN¹ & Charlene C. Gyurko, PhD, RN, CNE²

¹Alpha and Delta Sigma Kappa, Professor and Director, DNP Program, University of St. Francis, Joliet, IL, USA
²Marquette, Assistant Professor, Purdue University North Central, Westfield, IN, USA

Key words: Global nursing faculty shortage, nursing faculty shortage, solutions to the nursing faculty shortage, systematic review

Correspondence: Dr. Deena Nardi, Director DNP Program, University of St. Francis, 500 Wilcox St., Joliet, IL 60435. E-mail: dnardi@stfrancis.edu

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Abstract
Background: In addition to a global shortage of nurses, there is also a shortage of academically qualified faculty available to teach in schools of nursing.
Methods: A systematic review examined proposed solutions to the global shortage of nursing faculty. Meta-analysis was used to compare and critically appraise strategies offered for solving or ameliorating the global nursing faculty shortage by premier nursing organizations.
Findings: 181 recommendations in 62 publications were categorized into eight major themed solutions, including controlling data management, international collaboration in nursing research, and increased funding for full-time faculty positions in nursing programs.
Discussions: The nursing faculty shortage is due to a confluence of factors, including the global migration of nurses, a seeming precipitous devaluation of faculty by academic programs, disincentives, and an overall reduction in full-time equivalent faculty positions.
Conclusions: Results point to a needed change in direction and approach to solving the nursing faculty shortage. By designing new education models that fit global healthcare needs and pooling teaching resources, designing and using the same databases across organizations to track and project faculty needs, and collaborating between schools and businesses to create mutually beneficial agreements for services, nursing faculty capacity can be enhanced, and nursing's capacity to meet global healthcare needs can be expanded.
Clinical Relevance: The results of this systematic review can be used as a rubric for the design and development of strategies to end the nursing faculty shortage and expand global nursing capacity.

ANA ON THE FRONTLINE
NEWS FROM THE AMERICAN NURSES ASSOCIATION

Who will teach our future nurses?

Washington's Nurse Faculty Challenges

Nurse faculty in Washington

70% of nursing programs have vacant faculty positions.

1,259 current faculty

611 full time

648 part time



Questions



Contact Us

CAPT Sophia Russell

Director, Division of Nursing and Public Health

Bureau of Health Workforce (BHW)

Health Resources and Services Administration (HRSA)

Phone: 301-443-3940

Email: SRussell@hrsa.gov

Website: www.bhw.hrsa.gov



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