Board of Registered Nursing

It Has Failed to Use Sufficient Information When Considering Enrollment Decisions for New and Existing Nursing Programs

Background

Among its duties of regulating the practice of nursing, the Board of Registered Nursing (BRN) oversees California’s prelicensure nursing programs, which prepare students to practice as entry-level registered nurses (RNs). BRN’s governing board both approves new nursing programs in the State and makes decisions about the number of students that existing nursing programs are allowed to enroll. Two factors that influence these decisions are the supply of nurses and the availability of clinical placement slots—placements at a health care facility that nursing programs must secure for students to gain clinical experience. Students graduating from a board-approved nursing program must pass the national licensing examination to become licensed RNs in California.

Key Findings

• BRN’s forecasts of the supply of qualified nurses have not included key information—in predicting the State’s future nursing workforce needs, it determined that the overall nursing supply and demand was balanced, but because it does not measure regional variations in supply and demand, it did not identify the State’s current and expected regional shortages.

• BRN’s process for assessing the availability of clinical placements is inadequate and affects the number of student enrollments the governing board should approve and the eventual supply of nurses in the State.

• Because BRN uses inconsistent and incomplete information to assess whether an adequate number of clinical placement slots exist, its governing board’s ability to prevent nursing students from being displaced because other nursing programs took their clinical spots is hampered.

• BRN does not have policies that govern what its staff must submit to the governing board regarding pending enrollment decisions—in academic year 2017–18, more than 2,300 students were affected by clinical displacements.

• Although it has a database with some information about clinical facilities that nursing programs use, BRN is not collecting and analyzing useful information regarding clinical placement slots and capacity.

• Some of BRN’s requirements for nursing programs overlap standards imposed by national nursing program accreditors and may be duplicative.

Key Recommendations

• The Legislature should require BRN’s forecasts of the nursing workforce to incorporate regional analyses and should consider whether it is appropriate to restructure BRN’s oversight of nursing programs that might overlap with accreditation.

• BRN should specify in policy the information that its staff should present to the governing board for each enrollment decision it considers. Additionally, BRN should gather information about the total number of clinical placement slots a facility can accommodate and how many are needed.

Over Half of Nursing Programs Reported Clinical Displacement

More than 2,300 nursing students affected