

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting on February 4, 2020

The 141st meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on February 4, 2020. The meeting was conducted via webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Rockville, MD 20857. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Chair: CAPT Sophia Russell
Dr. Marsha Howell Adams
Dr. Maryann Alexander
Dr. Cynthia Bienemy
Dr. Mary Ellen Biggerstaff
Dr. Steven Brockman-Weber
Dr. Ann Cary
Dr. Tammi Damas
Ms. Christine DeWitt
Dr. Christopher Hulin

Dr. Rose Kearny-Nunnery
Dr. Maryjoan Ladden
Rev. Dr. Lorina Marshall-Blake
Ms. Donna Meyer
Dr. Luzviminda Miguel
Dr. Janice Phillips
Col. Bruce Schoneboom
Dr. Patricia Selig
Ms. LaDonna Selvidge

Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP
Ms. Leslie Poudrier, Division of Nursing and Public Health, HRSA
Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA
Ms. Kimberly Huffman, Advisory Council Operations, HRSA
Ms. Robin Alexander, Advisory Council Operations, HRSA
Ms. Zuleika Bouzeid, Division of Extramural Affairs, HRSA

Tuesday, February 4, 2020

Welcome and Introduction

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 141st meeting of NACNEP at 9:00 a.m. on Tuesday, February 4, 2020. He conducted a roll call and 19 members were present to confirm the presence of a quorum, so the meeting proceeded. Dr. Ezeike described the purpose of the meeting as to review the literature and hear from expert speakers on the topic of the Council's 17th Report to Congress, on the topic of: *Preparing Nurse Faculty and Addressing the Shortage of Nurse Faculty and Clinical Preceptors*. Dr. Ezeike turned the meeting over to CAPT Sophia Russell, NACNEP chair and the Director of the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), HRSA.

CAPT Russell welcomed the Council members and provided a brief review of the agenda and the plan for the meeting. She asked if any Council members had any feedback or comments on the minutes of the previous meeting. No comments were offered, so the minutes were approved.

Addressing the Nurse Faculty Shortage: Lessons from the Field

CAPT Russell introduced the first speaker, Maryjoan Ladden, PhD, RN, FAAN, a Council member and a former senior program officer with the Robert Wood Johnson Foundation (RWJF). Dr. Ladden noted that RWJF has a long history as a philanthropic organization involved in elevating nursing practice and addressing shortages of nurses and nurse faculty.

Dr. Ladden stated that statistics show a low number of nurses pursuing and completing research-based doctor of philosophy (PhD) degrees and entering academia to assume faculty roles. Rather, there has been a strong growth in advanced practice registered nurses (APRNs) pursuing the clinical-based Doctor of Nursing Practice (DNP) degree. PhD- and DNP-prepared nurses are not interchangeable. DNP preparation includes little content in nursing scholarship, research, or teaching. However, DNP-prepared nurses in clinical roles often have significantly higher salaries than nursing faculty, while the workloads of faculty and the demands for tenure are increasing, significant factors that contribute to pulling nurses away from faculty positions.

Nursing has often concentrated its training in acute care units within hospital systems, paying less attention to establishing academic-practice partnerships at primary care sites such as Federally Qualified Health Centers (FQHCs), community health centers, and ambulatory health clinics. Even where such partnerships exist, there may be no clear benefits for the practice site in partnering with a school of nursing.

Dr. Ladden cited two RWJF programs addressing nurse faculty: the Future of Nursing Scholars, still on-going, which focuses on faculty recruitment and development; and the Nurse Faculty Scholars Programs, closed in 2014, which focused on faculty retention. She also mentioned the New Jersey Nursing Initiative, started in 2006-2007, as another RWJF program focused on promoting PhD education, along with nurse faculty recruitment and development.

Dr. Ladden noted that the Future of Nursing Scholars program, begun in response to the National Academy of Medicine's Future of Nursing 2020 Report, was designed to increase the number and the diversity of PhD-prepared nurses, as well as to develop their leadership capacity. Research has shown that doctorally prepared nurses tend to obtain their PhDs later in their careers than members of other professions, often because nurses choose to enter clinical practice first, or to pursue graduate studies on a part-time basis while they work. Thus, they may be unwilling to take on a junior faculty role upon completion of a PhD. RWJF, in partnership with several other foundations and other funders, worked to identify promising nurse scholars earlier in their careers and to provide financial incentives for them to pursue graduate studies full-time and enter research and faculty careers at a younger age. The New Jersey Nursing Initiative followed a similar model.

She added that the program emphasized leadership and career development, including writing for publication, preparing successful grant applications, and serving as a mentor. In addition, scholars had access to interdisciplinary mentors to help broaden their career networking and improve their development as researchers and teachers. The program offered post-doctoral

support to bolster the initial research careers of the scholars. The program has completed three of five cohorts, and is expected to add over 200 new nurse PhDs from 45 schools, with a diversity rate of around 30 percent, including both nurses from minority backgrounds and men.

Dr. Ladden moved the discussion to the RWJF Nurse Faculty Scholars Program, which worked with schools of nursing to increase their academic productivity by developing and retaining outstanding early-career faculty. Scholars selected for this program were early in their research careers and had two to five years of teaching experience. Once in the program, they spent about 60 percent of their time in research and career development, and the other 40 percent teaching.

The Nurse Faculty Scholars Program enrolled 90 scholars from 56 different schools of nursing. Almost all have continued on as faculty and entered successful research careers, with over 85 percent achieving tenure, and around half rising to leadership positions at their university or within professional organizations. The May/June 2017 issue of the journal *Nursing Outlook* was devoted to this program and its outcomes. Among the most important lessons learned:

- Maintain attention to recruitment, retention, and career development,
- Raise the visibility and prestige of faculty roles,
- Create mutually beneficial and strong academic-community partnerships,
- Anticipate and plan for looming shortages and areas of need, and
- Understand that teaching is an art and a skill to be developed.

Dr. Ladden noted the importance of recruiting faculty throughout nursing education, to help more nurse scholars understand the joys of giving back to the profession in a faculty role. NACNEP reported on the nurse faculty shortage ten years ago, and many of the issues remain the same. In order to make progress, nursing needs to anticipate the looming shortage, keep attention on it, and develop concrete and actionable plans to alleviate it. Dr. Ladden closed by saying that nursing cannot address its faculty shortage alone, and there is a need to cultivate and engage partners.

Q and A

CAPT Russell thanked Dr. Ladden and highlighted the description of academic-community partnerships, the mentoring relationship, and the importance of nursing engaging with outside organizations to address issues with the nursing workforce and the faculty shortage. She opened the lines for questions from the Council members.

Dr. Cary asked about what percent of schools that applied to one of the RWJF programs succeeded in receiving a grant. She expressed concern that some nursing schools may not have adequate resources or endowments to match the RWJF grant funds, as required by the programs. Dr. Ladden replied that RWJF believed that requiring a funding match improved the engagement of the schools. However, the programs offered flexible ways for schools to meet the matching requirement to lower the funding barrier.

Dr. Cary followed with a question on why RWJF was sunsetting some of its nurse faculty programs, given the faculty shortage and the great need to encourage and develop new faculty. Dr. Ladden noted that the Foundation had re-evaluated all of its leadership development programs in 2014, and had decided to end programs aimed at a single profession to promote greater interprofessional education and development. She emphasized the need to engage more

fundings, including the health systems that employ nurses, as well as health insurers. She added that RWJF is initiating a new program, *Reach Back and Pay it Forward*, to engage the 200 Scholars who completed the Future of Nursing Scholars Program, and have them identify and mentor a nurse colleague who is interested in obtaining their PhD.

Dr. Cary also asked about public service messaging, to attract more students at an early age into nursing, as well as to encourage more nurses to pursue graduate education and consider a career in academia. Dr. Ladden agreed on the importance of messaging to improve the profile of nursing and attract more nurses into faculty positions. She noted that AARP, through its *Center to Champion Nursing*, has addressed some of this messaging toward older consumers.

Dr. Ezeike asked if the RWJF programs had noted any impact of its programs in improving the distribution of nurses and nurse faculty to areas of need. Dr. Ladden said that the programs did not address the distribution of the workforce. However, RWJF has noted issues related to the social determinants of health, and in particular the needs of rural communities in terms of critical access hospitals, community health centers, and other places with a need for more nurses.

CAPT Russell asked about the experiences within the RWJF programs regarding interprofessional mentoring. Dr. Ladden replied that scholars in the RWJF nursing programs were required to prepare an Individual Development Plan, from which the Foundation looked to match scholars with appropriate mentors outside of nursing. For example, a mentor in research methodology could help the scholar to develop skills in data collection and evaluation, while another mentor could assist with the uses and applications of technology. These interdisciplinary mentors were key in improving networking and broadening the development of the scholar.

CAPT Russell also asked about any insights gained in retaining the RWJF program scholars as faculty. Dr. Ladden listed several benefits:

- The Scholars generated more grant funding for their schools.
- Many achieved tenure.
- Their research often helped to strengthen academic-community partnerships.
- Some had assumed joint faculty-clinical appointments.

Overall, the Scholars appeared happier and more satisfied in their roles, and were eager to give back to the profession by developing the next generation of nurses.

In regard to the Nurse Faculty Scholars program, Dr. Cary asked about the actual net gain of faculty, since some of the entering scholars were had master's degrees and were already engaged in faculty roles. Dr. Ladden said that the program emphasized PhD preparation for faculty development and advancement, and that only a small percentage had been full-time faculty, so the program did work to achieve a net gain of faculty members. She added that many of the scholars were entering faculty roles at a young age, which promised to prolong their teaching and research productivity.

Dr. Janice Phillips asked about the efforts of the RWJF programs in helping to advance nursing scholarship, such as by promoting writing for publication. Dr. Ladden said that all three of the RWJF nursing programs she discussed emphasized career development around writing skills,

and writing for publication in both nursing and interprofessional publications, along with grant writing grants, negotiation skills, and mentoring.

Dr. Ezeike read a question posted in the webinar chat box from Dr. Cynthia Bienemy, about how to convince hospitals or health care systems to support the development of well-qualified nursing faculty. Dr. Ladden replied that RWJF engaged both individual hospitals and larger health systems, as well as trade and professional organizations, to help them understand that producing more and better-prepared nurses requires a sufficient number of well-qualified faculty.

In relation to interprofessional mentoring, Dr. Cary asked if RWJF had given thought to funding interprofessional Doctoral Programs, in which nurses could enroll. In response, Dr. Ladden described the RWJF Health Policy Research Scholars program, which funds doctoral students in a variety of disciplines to learn more about health policy and leadership development. She added that two nurses are included in the current cohort of 40 Scholars, and they have worked together to help others understand the role of nurses in communities, and how nurses contribute to a culture of health.

Dr. Bienemy asked if any programs focus on Historically Black Colleges and Universities (HBCUs) in terms of preparing more minority PhD faculty and increasing nursing scholarship. Dr. Ladden referenced a former RWJF program called New Connections that focused on underrepresented schools and populations in the health professions, as well as other areas. However, the program was only reaching a small number of people, and currently RWJF is working to build a broader portfolio of programs looking at HBCUs, as well as addressing other areas of underrepresented students in nursing, such as men.

Nursing Workforce Update

Dr. Ezeike welcomed the next speaker, Dr. Luis Padilla, Associate Administrator, BHW, HRSA. Dr. Padilla noted that, since the Council's previous meeting in November 2019, Congress had passed an Appropriations Act to fund the Department of Health and Human Services (HHS), including HRSA, through at least May 22, 2020. This allowed for more concrete planning for fiscal year (FY) 2020.

Dr. Padilla said that many nursing programs funded through HRSA seek to address the maldistribution in the supply of nurses across the country, both in terms of the current supply and HRSA's nursing workforce projections. HRSA has also placed great emphasis on community-based training for the health care workforce, including nursing. As part of this effort, HRSA is promoting training opportunities in rural and other underserved areas, as the literature shows that many nurses and other health professional choose to practice in or near the locations where they trained. HRSA is continuing long-standing efforts in support of the Nursing Workforce Diversity (NWD) Program to increase minority participation in nursing. In addition, the Nurse Faculty Loan Program (NFLP) is addressing the need for nurse faculty and clinical preceptors.

Dr. Padilla highlighted the new Nurse Practitioner Residency (NPR) program, released in FY 2019 and representing an investment of \$20 million. The NPR program supports post-graduate residency training for nurses, and many of the grantee organizations are FQHCs and other community health centers located in rural and underserved areas. The FY 2020 appropriation included an additional \$5 million for this program. HRSA also received some additional funds

for the Nurse Corps Loan Repayment and Nurse Corps Scholarship programs, to provide additional awards to support maternal health providers, including obstetricians/gynecologists, nurse practitioners, and nurse midwives.

Lastly, the FY 2020 appropriations included an additional \$2.5 million dedicated towards scholarships for disadvantaged students, with Congress specifically directing HRSA to provide that funding to support midwives. Dr. Padilla said that HRSA is encouraged by the strong support for its nursing programs, and the agency continues to work with stakeholders on the best ways to deploy this funding.

Dr. Padilla turned his attention to the NFLP, which supports the training of advanced education nursing students who will serve as nurse faculty upon graduation with a focus on Doctoral preparation. The aim of NFLP is to increase the number of qualified nurse faculty nationwide by decreasing some of the financial barriers for students intending to become nurse faculty. In the Academic Year (AY) 2018-19, 80 schools of nursing received new NFLP awards, bringing the current total number of awardees to 192. NFLP has supported over 2,200 students, with most pursuing PhDs. Also in AY 2018-19, nearly 700 NFLP-supported students graduated, with 65 percent intending to teach.

Dr. Padilla went on to discuss some recent changes to NFLP. Responding to previous Council concerns, the loan cancellation eligibility was expanded to include the role of clinical preceptors, along with past-master's certificate and clinical leadership students. A requirement for specific educational courses was removed, and some service obligation requirements were eased, in an attempt to streamline the program.

However, Dr. Padilla noted challenges with the program, primarily that several schools have unused balances, indicating a problem with recruiting new students or incentivizing them to pursue a faculty track. He added that HRSA continues to support the program, but some of the identified problems warrant further discussion within NACNEP in its recommendations to increase nurse faculty support.

Q and A

In regard to the NFLP, Dr. Cary expressed concern that dropping the requirement of education courses for the loan recipients could result in program graduates lacking the pedagogical, theoretical, and experiential background needed for a successful teaching career. Dr. Padilla replied that dropping the requirement was intended to grant more flexibility to the grant recipient schools, with the knowledge that many will still offer significant educational content.

Dr. Ladden asked how many students in the NFLP also work while engaged in their PhD studies, and if there is any information on the benefits of providing financial support up front through a scholarship program, rather than a loan repayment program after completion. Dr. Padilla stated that HRSA does not collect information from the program in terms of the work status of the NFLP recipients. He further noted that the HRSA National Health Service Corps and Nurse Corps programs offer both scholarships and loan repayment programs, but there is not information on the preferences of students for which type of support best meets their needs.

In response to a question about academic-community partnerships, Dr. Padilla noted that BHW supports a peer learning group that includes academic and community partners, with several nursing grantee programs as active participants. For example, the NWD Program provided some administrative support to these partnerships. Based on feedback from the grantees, the program was modified to provide support to address the logistical challenges of having students rotate through community-based organizations.

Dr. Cynthia Bienemy commented that the state of Louisiana has instituted a program that provides a stipend for nurse faculty students. The program has been a success as students appreciated this investment in their future, which allowed them to concentrate on their studies with less pressure to keep working while in school.

Discussion and Review of Literature on Nursing Faculty

CAPT Russell turned the meeting over to Dr. Cary, head of the NACNEP writing subcommittee, for a progress update on the Council's 17th Report. Dr. Cary acknowledged the members of the writing subcommittee. She said that the subcommittee had identified an information gap regarding clinical preceptors in terms their role in addressing the faculty shortage, the educational preparation they need, and the sufficiency of the supply. She stated that he subcommittee wanted to gather further input from experts ahead of the next full NACNEP meeting in May 2020.

There was a question on clarifying the relationship between the nurse faculty shortage and the availability of preceptors. Dr. Cary replied that clinical preceptors are used in place of faculty during clinical placements, especially on the undergraduate level. With the lack of faculty, schools of nursing may place more pressure on preceptors to educate and train students, not only at the undergraduate level but also at the advanced practice, master's, and DNP levels. However, preceptors may lack the educational background to be effective in didactic teaching.

Dr. Patricia Selig asked if the subcommittee had found creative programs that integrate clinical preceptors as teaching faculty. Dr. Ladden replied that she had engaged in meetings with different schools and was exploring different models. While most preceptors are working clinicians who volunteer their time to teach students, one program does pay the clinical site for the preceptor's time.

Dr. Steven Brockman-Weber stated that his program in Texas partners with Texas Tech to provide preceptors with a half-time faculty position. Dr. Cary added that Florida Gulf Coast University has a community partner helping to supply faculty for a new psychiatric mental health nurse practitioner program.

Dr. Bienemy commented that not all clinicians are suited for a teaching role such as precepting. Dr. Cary agreed that not all clinicians cannot convey nursing concepts clearly for students. Many clinical preceptors would benefit from support in terms of classes in education and pedagogy, as well as practical experience in teaching.

Nursing Faculty Shortage in Baccalaureate and Graduate Programs: 2009-2019

CAPT Russell introduced the next speaker, Di Fang, PhD, Director of Institutional Research and Data Services at the American Association of Colleges of Nursing (AACN).

Dr. Fang indicated that he would be presenting data related to nurse faculty numbers and development obtained from three sources: an annual survey of AACN-member schools of nursing during the period from 2009 to 2018; the AACN Faculty Vacancy Survey, which includes non-AACN member schools, from 2009 to 2019; and the AACN Doctoral Student Roster Survey from 2001 to 2010.

Dr. Fang first discussed the demand for nursing faculty. The vacancy rate for nursing faculty between 2009 and 2019 remained stable at around 7 percent; however, the actual number of vacant positions roughly doubled from 800 to 1,600, because of an increase both in the number of positions at each school and the number of schools. He noted that, while some faculty positions are open to nurses with a master's degree, 90 percent of positions require or prefer applicants with a doctoral degree.

Meanwhile, the number of qualified applicants to schools of nursing who are turned away has increased from almost 43,000 in 2009 to over 60,000 in 2018. The two most common reasons given by schools of nursing for turning away qualified applicants include a lack of faculty and a lack of clinical training sites.

Dr. Fang presented data showing that the number of doctoral nursing programs, covering both clinical-based DNP and the academic-based PhD programs, increased substantially from 240 in 2009 to almost 500 in 2018. However, he added, most of the growth has occurred in the DNP programs. Furthermore, enrollment in PhD programs over the previous ten years has remained stagnant at over 4,000 per year, while enrollment in DNP programs increased from around 5,000 to over 32,000. The percentage of male students and those from minority backgrounds also increased. However, many nurses in PhD programs start at a later age compared to students in other professions, and most continue to work while in graduate studies, resulting in an average time to complete a PhD of 5.7 years. Thus, many PhD-prepared nurses graduate later in their careers and may lack interest in pursuing an academic career. Meanwhile, DNP programs include little content on teaching or research, meaning that DNP and PhD faculty are not equivalent in terms of educational competency and expertise.

Dr. Fang moved on to discuss recent and projected changes in the composition of nursing faculty. In the time period from 2013 to 2018, the total number of full-time faculty increased by 21 percent. However, the number of faculty with a PhD only increased by 12 percent, while the number with a DNP increased by 158 percent. In 2018, 36 percent of nursing faculty had a PhD, 20 percent had a DNP, and 43 percent did not have a doctorate. By age, over 15 percent of nursing faculty were between 55 and 59 years of age, and almost close to 30 percent were over 60 years of age. From 2013 to 2018, the average age at retirement for nursing faculty increased from 63.7 to 66.2 years of age. Given the aging of the faculty workforce, current projections show that one-third of nursing faculty members are likely to retire by 2025.

Dr. Fang concluded by saying that the nursing faculty shortage has been long-term and consistent, a shortage of PhD-prepared faculty is becoming serious, and a coming wave of faculty retirements is expected, with an insufficient supply of junior faculty in the pipeline to replace them. Based on the current literature, the most important factors in completing PhD education for prospective faculty members include financial assistance and mentoring support.

Q and A

Dr. Ezeike opened the floor to questions from the Council members. CAPT Russell asked Dr. Fang about reasons for the growing gap between the number of students in DNP vs. PhD programs. Dr. Fang replied that there seemed to be a declining interest in the PhD degree, possibly because of the time required to complete the degree and the lower salary for faculty compared to clinical positions. In response to another question, he said that the AACN survey on requirements for faculty positions only asked about doctoral degrees, and did not distinguish between PhD and DNP, or between nursing and non-nursing doctoral degrees.

Dr. Cary emphasized the critical finding that one-third of current nursing faculty, meaning from 600 to 800 faculty members per year, are expected to retire within the next five years.

Overview of the 2018 National Sample Survey of Registered Nurses

Dr. Ezeike introduced Dr. Tiandong Li, a statistician with the National Center for Health Workforce Analysis (NCHWA), within BHW at HRSA, to provide an overview of the *2018 National Sample Survey of Registered Nurses (NSSRN)*. Dr. Li informed the Council that NCHWA published the NSSRN report and public use files in January 2020. NCHWA had redesigned the survey, and worked with the Census Bureau to conduct it an effort to get the widest possible sampling of registered nurses (RNs). The 2018 survey included a section for nurse practitioners (NPs). Dr. Li said that the data collection process took place over 6 months, and had a response rate of about 50 percent.

Dr. Li said that the questions in the previous RN sample surveys addressed:

- State(s) of licensure
- Nursing education and training
- Current and past workforce participation
- Income and demographic information
- Professional nursing certifications.

Based on feedback from nurse researchers and stakeholders, the 2018 survey added items on:

- Telehealth
- Electronic Health Record usage
- Team-based care
- The impact of health reform.

Dr. Li summarized the main findings of the NSSRN. As of December 31, 2017, there were over 3.9 million actively licensed RNs in the United States, a 29 percent increase from 2008. Of these, 83 percent were actively licensed and employed in nursing, with an average of almost 19 years of experience in the profession. The average age of the respondents was 48 years, with nearly half of all RNs aged 50 or older. By race and ethnicity, 73 percent were White, 10 percent were Hispanic, almost 8 percent were Black, and 5 percent were Asian. By educational level, around 6 percent had a diploma in nursing, almost 30 percent had an associate degree, 45 percent had a bachelor's degree, and 19 percent had a graduate degree.

Around 11.5 percent of RNs had completed advanced practice training. Among these, 69 percent were nurse practitioners, 20 percent were certified nurse specialists, 9 percent were nurse anesthetists, and over 2 percent were nurse midwives. Around 60 percent of nurses worked in

hospital settings, while one third of all nurses had engaged in telehealth, either to engage in provider-to-provider consults or direct patient care.

The average earnings for an RN without a graduate degree was \$69,000 and with a graduate degree it was over \$95,000. The average earning for men was almost \$80,000, and for women, almost \$72,000.

Dr. Li also provided the link to the HRSA web page that included the NSSRN summary findings, the technical report, and the final questionnaire. He also provided the link to the Public Use Files within the HRSA Data Warehouse. He added that access further information in the Restricted Use Files on the Census web site can be made available to researchers by application.

The HRSA Nursing Faculty Loan Program (NFLP)

Dr. Ezeike introduced Adanna Agbo, RN, MPH, lead project officer for NFLP. Ms. Agbo recognized her fellow NFLP project officer, Ms. Linda Wierzechowski. Ms. Agbo identified the purpose of the program as to increase the number of qualified nurse faculty. NFLP provides funding to accredited schools of nursing, in order to provide loans to graduate nursing students committed to becoming faculty upon graduation. The program prioritizes funding for those students pursuing a doctorate, most often a PhD or DNP. To decrease the financial barrier that graduates face for serving as nurse faculty, NFLP provides up to 85 percent of loan cancellation upon employment as nurse faculty.

Ms. Agbo noted that over 75,000 qualified applicants to both baccalaureate and graduate nursing programs were turned away in 2018 by schools of nursing, most often due to a lack of faculty. She added that NFLP also helps address the shortage of primary care providers by supporting the education of APRNs, who then serve as clinical preceptors within academic-clinical partnerships. School that receive NFLP funds must:

- Establish and maintain an NFLP account
- Provide fiscal oversight of student loans
- Operate an active loan fund and loan cancellation programs
- Maintain documentation to demonstrate successful implementation.

HRSA is expanding the ways in which students can fulfill their service requirement. For loan cancellation, upon graduation the student must obtain employment as:

- A full-time faculty at an accredited school of nursing, or
- A part-time faculty member, in combination with another part-time faculty or clinical preceptor/clinical educator position, or
- A joint-appointment faculty member serving as an APRN preceptor within an academic-clinical partnership.

Students who receive NFLP loans but subsequently do not obtain employment as full-time nursing faculty are required to pay back the loan.

Ms. Agbo noted that 80 schools received new NFLP Awards in 2018, bringing the total number of NFLP awardees to 192. The awards supported over 2,200 students, with 83 percent pursuing doctoral-level degrees. At the end of academic year 2018-19, 800 trainees graduated, with 94 percent intending to teach. Over half of the students supported under NFLP are in the age range

from 30 to 49 years, 26 percent were from underrepresented minority groups, and 22 percent were from rural communities.

Ms. Agbo noted that the funding for NFLP decreased in FY 2018, but returned to its historical level of around \$26 million in FY 2020. Other recent updates include expanding the eligibility for loan cancellation to include nurses serving as clinical preceptors, as well as students in post-master's certificate and clinical leader programs, and removing some restrictions on service requirements. The program also eliminated a requirement for certain educational courses, to provide more flexibility for the curricula to include courses in leadership or mentorship, or to expand teaching practicums.

Ms. Agbo noted some concerns and barriers reported by grantee schools, including

- Difficulties in using NFLP funds and recruiting students,
- Capacity to facilitate the service obligation,
- Salary gap between faculty and clinical roles, and
- The efficacy of loan cancellation vs. scholarships or educational grants.

Q and A

CAPT Russell asked about how the NFLP has dealt with issues related to faculty roles within academic-clinical partnerships. Dr. Cary added that there are barriers to faculty retention for those NFLP loan recipients who have clinical duties and may have difficulty meeting scholarship expectations. Clinicians who serve as preceptors may also have difficulty meeting productivity demands in the clinical setting. Ms. Agbo replied that there can be some confusion between clinical and faculty roles within clinical settings, which can impact the ability of loan recipients to fulfill their faculty service obligations for loan cancellation. The program is still assessing how best to help these loan recipients meet their obligations and retain their roles as preceptors, and is developing a manual to provide more guidance to grantee organizations in meeting both clinical and academic criteria.

Dr. Ladden noted that some schools have difficulty using all of the NFLP funds they receive. Dr. Cary said that, from her experience, schools may plan to enroll a certain number of students in the loan program, but some students may hesitate to accept the loan and commit to a faculty position due to the lower salary and high academic workload, compared to a clinical position.

Dr. Brockman-Weber noted that practice settings may receive many requests from schools for clinical placements for students, so knowing which schools receive NFLP grants could help in prioritizing such requests. Ms. Agbo stated that NFLP publishes a list of grant recipients and is working to publicize recipient institutions through the HRSA data warehouse and other outlets. In addition, NFLP is working with the Health Connector, which is a HRSA initiative that can serve as a platform to connect schools to clinical sites.

Discussion: The Need for Nursing Faculty/Preceptors

Moving to the next agenda item, CAPT Russell opened the floor to discussion on the topic of the NACNEP 17th Report, relating to the need for nursing faculty and preceptors. Dr. Ladden expressed concern over the long-term issues of the nurse faculty shortage and the lack of progress. She noted that the NACNEP 9th Report published in 2010, *The Impact of the Nursing*

Faculty Shortage on Nurse Education and Practice, addressed the faculty shortage, and little has seemed to change since that time. She expressed hope that the current report could have a greater impact. Ms. Donna Meyer added that the faculty shortage extends to community college nursing programs.

Referring back to Dr. Fang's presentation, Dr. Brockman-Weber noted the growth of doctorally prepared nurses with the DNP degree. He suggested looking into steps to better prepare DNP graduates for research and teaching roles.

There was discussion on stakeholder partners to develop coherent messaging to health care organizations and systems on the importance of having a sufficient supply of nurses to improve access, quality, cost, and safety in health care, which requires the need for well-prepared faculty. Nurses pursuing advanced degrees may need more preparation, encouragement, and mentoring from early in their careers to go into research and teaching. Proper messaging may also help break down barriers to and misconceptions about the faculty role. There was further discussion on the learning styles and requirements of the incoming "millennial" generation of students.

For the balance of the meeting, the members discussed issues related to nurse faculty and the nursing workforce. Data support the existence of a shortage of nurse faculty and its impact on the educational pipeline for nurses. There was a request for an expert speaker at the next NACNEP meeting to present on the clinical and educational competencies needed to prepare faculty for the future. Much of the discussion focused on the differences in the preparation and the roles of PhD vs. DNP prepared nurses. A persistent problem for faculty recruitment and retention is the disparity in salaries between teaching and clinical roles.

Discussion: Council Recommendations

CAPT Russel moved the discussion to focus on the development of recommendations from the Council to include in the 17th Report.

CAPT Russell stated that the Council is charged to provide advice and recommendations to the HHS Secretary and Congress concerning health workforce policy matters, and to prepare and submit an annual report describing its activities under Title VIII the Public Health Service Act. She reminded the Council that its recommendations should relate to the nurse workforce, nursing education, and practice improvement. The Council's recommendations are strongest when considering areas where HHS and the Secretary have the authority to make a change in either federal programs or allocated resources. Strong recommendations have a precise action that can be directly tied to a specific change that the Secretary or Congress can make. In considering recommendations, there are some matters to consider:

- Does the recommendation address legislation or policy?
- Does HHS have authority to make the change?
- Who is the proper audience (i.e. the Secretary, Congress, stakeholder organizations, the public)?
- What data supports the recommendation(s)?

Dr. Cary stated that the data support a persistent and long-term faculty shortage in nursing. In addition to the need to increase the number of faculty, there is a need to develop the faculty of

the future, with competencies to address current health care needs and the future of health care. She acknowledged that there is competition between schools of nursing to attract qualified faculty. Furthermore, she acknowledged the previous meeting discussions on the two paths within nursing to a doctoral degree, noting that, due to difference in preparation, PhD and DNP graduates are not interchangeable in terms of conducting research and teaching.

Dr. Ladden said that the sub-committee has looked at the impact of funding from the federal, stated, and philanthropic perspectives to address both the faculty shortage and the broader nursing shortage. She added that most funding in these areas focused on recruitment, development, and retention of academic faculty, with less emphasis on clinical faculty.

There was dialogue on the most effective funding mechanisms to attract students, including:

- Student loan forgiveness,
- Scholarships or traineeships,
- Tax incentives, and
- Stipends for teaching.

Since the average age of entry into PhD among nurses is 42 years, the Council members discussed one possible recommendation focused on the need to develop better messaging to nursing students on the importance of pursuing scholarship, and to encourage promising students to enter faculty roles earlier in their careers. There was also a suggestion to recommend the inclusion of faculty/preceptor data in future iterations of the NSSRN.

Public Comment

Dr. Ezeike opened the floor for public comment. There were no comments so he turned the meeting back over to CAPT Russell.

Next Steps

CAPT Russell thanked the Council members for their active participation in the meeting. She reviewed the meeting presentations and discussions, and clarified that the NACNEP report is due by September 30, 2020.

In reviewing the discussions, CAPT Russell reiterated the concern that the nursing profession has made minimal progress over the past ten years to mitigate the nurse faculty shortage. Prominent factors affecting the recruitment and retention of faculty include salary, faculty role clarity, mentoring, preceptor development, and the conflicting demands of two different doctoral tracks, along with cultural and generational differences.

For next steps, she noted that members will need to approve the final draft of the report no later than August 30, 2020. She reminded the members of the upcoming meetings: an in-person meeting scheduled for May 12-13, 2020, and a virtual meeting scheduled for August 11, 2020.

Meeting Adjourn

Dr. Ezeike adjourned the meeting at 2:15 p.m.

Acronym and Abbreviation List

AACN	American Association of Colleges of Nursing
APRN	Advanced Practice Registered Nurse
AY	Academic Year
BHW	Bureau of Health Workforce
DNP	Doctor of Nursing Practice
DNPH	Division of Nursing and Public Health
FQHC	Federally Qualified Health Centers
FY	Fiscal Year
HBCU	Historically Black Colleges and Universities
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
NACNEP	National Advisory Council on Nurse Education and Practice
NCHWA	National Center for Health Workforce Analysis
NFLP	Nurse Faculty Loan Program
NP	Nurse Practitioner
NPR	Nurse Practitioner Residency
NSSRN	National Sample Survey of Registered Nurses
NWD	Nursing Workforce Diversity
PhD	Doctor of Philosophy
RN	Registered Nurse
RWJF	Robert Wood Johnson Foundation