

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting Minutes: 151st NACNEP Meeting, December 7-8, 2022

The 15^{1st} meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on December 7-8, 2022. The meeting was hosted by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via a remote teleconference platform. 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

Interim Chair: Dr. Justin Bala-Hampton

Dr. Mary Ellen Biggerstaff

Dr. Stephen Brockman-Weber

Ms. Susan Cannon

Ms. Christine DeWitt

Ms. Patricia Dieter

Ms. Kristie Hartig

Dr. Meredith Kazer

Dr. Rose Kearney-Nunnery

Dr. Kae Livsey

Dr. Nina McLain (first day)

Dr. Luzviminda Miguel

Dr. Janice Phillips

Dr. Courtney Pitts

Dr. Carolyn Porta

Ms. Constance Powers

Ms. LaDonna Selvidge

Dr. Teresa Shellenbarger (first day)

Ms. Christine Smothers

Others Present:

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA

Ms. Janet Robinson, Advisory Council Operations, HRSA

Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Mr. Shane Rogers, Division of Medicine and Dentistry, HRSA

Wednesday, December 7, 2022

Welcome and Introductions

Dr. Justin Bala-Hampton, Designated Federal Official (DFO) and Interim Chair for NACNEP, convened the 151st meeting of the Council on Wednesday, December 7, 2022, at 10:00 a.m. ET. He noted the retirement of past NACNEP Chair CAPT Sophia Russell, and informed the Council that the process was underway to select a new Director of the Division of Nursing and Public Health (DNPH) within HRSA. Per the Council's charter, the HHS Secretary has designated the DNPH Director to serve as the NACNEP Chair.

Dr. Bala-Hampton conducted a roll call, indicating the attendance of eighteen of the nineteen appointed Council members. Dr. Bala-Hampton confirmed the presence of a quorum, allowing the meeting to proceed.

Presentation: Title VIII Nursing Student Loan Program

Juan Gordon, Sr.

Branch Chief, Health Careers Loans & Scholarships

Division of Health Careers & Financial Support

BHW, HRSA

Dr. Bala-Hampton introduced the first speaker, Juan Gordon, Sr., Chief of the Health Careers Loans and Scholarships Branch, Division of Health Careers & Financial Support (DHCFS) in BHW. Mr. Gordon stated that HRSA's loan and scholarship programs originated in 1964 to address health workforce shortages. In particular, the Nursing Student Loan (NSL) program, authorized under Title VIII of the Public Health Service (PHS) Act, was designed ensure that no qualified student would be denied the opportunity to pursue a nursing career due to lack of financial resources. The NSL program offers long-term, low interest loans through a revolving loan account administered by the grantee nursing schools and provided to students based on financial need. Applicants must be U.S. citizens and enrolled in an accredited school of nursing (diploma, associate, baccalaureate, or graduate) either full- or part-time. He noted that the NSL had over 28,000 participants in fiscal year (FY) 2021-22, and with an average loan amount of around \$6,500.

Mr. Gordon noted that NSL loan recipients may also be eligible to participate in other HRSA loan or scholarship programs through the Nurse Corps, the National Health Service Corps (NHSC), the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP), and the Faculty Loan Repayment Program.

Mr. Gordon identified the current challenges in expanding the NSL as:

- Identifying accredited institutions that may want to establish NSL accounts.
- Expanding the impact in rural and other medically underserved areas (MUAs).
- Expanding outreach to various nursing associations and conferences.

Mr. Gordon invited the Council members to attend an upcoming informational webinar for FY 2023 NSL application submissions.

Q and A

There were questions from the Council about Congressional funding for the NSL program, as well as the number of nursing schools that participate, and the breakdown by type of degree offered. Mr. Gordon replied that the program does not receive appropriations from Congress, as it was set up as a revolving loan account to grow as collections come in. The current number of schools with an NSL program is 285, with 197 baccalaureate programs, 38 associate programs, 3 diploma programs and 47 graduate programs. He added that many participating schools have said they could use additional funding to bring in more students, while HRSA monitors all programs to make sure that funds are being fully utilized.

There was another question about outreach to ethnic minority nursing organizations such as the Hispanic Nursing Association and the Association of Black Nursing Faculty, as a way to improve awareness of the NSL and promote diversity among nursing students and in the workforce. Mr. Gordon replied that the HRSA has conducted outreach to historically black

colleges and universities (HBCUs), as well as to minority nursing associations, to invite them to participate in informational and technical support webinars. In addition, program staff attended the HBCU annual conference held in 2022 in Washington, D. C.

On a question about loan defaults, Mr. Gordon replied that the default rate for the NSL was around 8 percent.

Review: Draft 18th Report

The writing committee co-leads, Dr. Mary Ellen Biggerstaff and Dr. Kae Livsey, briefly reviewed the final draft of the Council's 18th Report. Dr. Bala-Hampton moderated a follow-up discussion. There was a suggested wording change to Recommendation 6 to make it more inclusive by adding "and others." The revised recommendation then read:

"The Department of Health and Human Services should support and convene within the next year a summit of diverse and representative public health organizations, foundations, and schools of nursing, *and others* to delineate the required leadership, training, and professional development required to advance the field of public health nursing."

This wording change was approved by unanimous voice vote.

After further review and discussion, the Council approved the 18th Report by unanimous vote, pending minor edits in the final technical review within HRSA and from the technical writer. Dr. Bala-Hampton stated that the anticipated release date for the report was January 2023.

Presentation: Council on Graduate Medical Education Report Dissemination Strategies

Curi Kim, MD, MPH

Designated Federal Officer, Council on Graduate Medical Education

Dr. Curi Kim, DFO, Council on Graduate Medical Education (COGME), identified COGME as one of the five federal advisory committees within BHW, and more specifically as one of three within the BHW Division of Medicine and Dentistry (DMD). By statute, COGME makes recommendations to the HHS Secretary and to Congress on the supply and distribution of physicians in the United States, as well as other graduate medical education (GME) and physician workforce issues. COGME also encourages medical schools and other entities providing GME to voluntarily implement its recommendations. Thus, part of the COGME charge is to disseminate its reports and recommendations to GME stakeholders.

Dr. Kim reviewed the 24th COGME report, released in 2022, entitled *Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities*. She said that HRSA announced the release of the report in its various e-newsletters, as well as within different HRSA bureaus or offices. She shared some of the materials that COGME members had developed to broaden dissemination of the report recommendations, including a one-page summary and briefer postcard-sized documents highlighting the main points. Some of the materials were developed to be shared via social media outlets.

Dr. Kim noted that COGME is currently working on its 25th Report, with an intended focus on interdisciplinary, team-based health care. She noted the topic would be of interest to NACNEP as well. She added that COGME is also working on two letters to the HHS Secretary, one about underrepresented populations in medicine, and the other about strategies to promote the retention and recruitment of general surgeons in rural areas, which also highlights the importance of team-based care in rural and other underserved areas.

Q and A

There was a question about how the federal ethics rules for Council members engaging in advocacy pertaining to the report dissemination efforts. Dr. Kim replied that, in general, advisory council members can disseminate reports and related materials in their personal capacity, but they are not allowed to present themselves as speaking on behalf of the Council or representing the government. Specific questions should be referred to the HRSA Ethics office.

There was another question on the COGME definition of the term “team-based care.” Dr. Kim said that COGME uses a broad definition, recognizing the benefits of interdisciplinary and interspecialty team collaboration within a range of health care settings. However, COGME is early in its discussion on its 25th Report. She noted COGME discussions on potential publications related to general surgery in rural areas are exploring the roles the full surgical team, as well as primary care providers. COGME members have expressed interest in gaining the perspective of NACNEP to help inform its next report as well. Several NACNEP members agreed with the benefits of exploring this potential collaboration. Dr. Bala-Hampton further noted that COGME meetings are open to the public, and NACNEP members are welcome to attend and to provide comments during the public comment sessions.

Council Discussion: 18th Report Dissemination Strategies

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MHA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton opened a discussion for the Council members to consider dissemination strategies for the Council’s 18th Report and future reports. He noted the efforts of COGME to create a one-page summary and develop materials for possible use on social media platforms, as one possible way to reach nursing education stakeholders and constituents as well as the new generation of nursing students and professionals. He also asked the members to consider ways to establish connections with the other BHW advisory committees.

There was a comment suggesting the development a one-page summary about NACNEP and the policy work for the nursing profession that the Council does behind the scenes, because many students, practicing nurses, and nurse leaders do not know about the Council. Council members and others could share a summary document with their colleagues and at nursing conferences.

There were further comments on the benefits of a summary document for NACNEP reports, noting the challenges getting busy professionals to read a 20-page document. There was a suggestion that a one-page summary could be sent to the policy offices at professional nursing organizations, for dissemination among their membership. There was also a suggestion of providing a QR code as an accessible method to link directly to the on-line NACNEP reports.

There was a suggestion to develop a press release for dissemination, as well as to have Council members present at major nursing conferences. Members could also provide op-eds or commentaries to nursing and interprofessional health care journals.

It was noted that future NACNEP report topics may take up issues related to health care system redesign and supporting nursing practice, so the Council will need to engage in conversations with the other BHW advisory councils, as well as other stakeholder groups. There was further discussion on identifying the outcomes of the NACNEP recommendations as useful information to share with stakeholder groups and to build organizational relationships.

Dr. Bala-Hampton said that HRSA has a presence on social media platforms, and the HRSA Division of Extramural Affairs can provide guidance on a social media approach. However, the Council would need to determine an approach and strategy in terms of the types and amount of information to make available. Since Council members serve as special government employees during their time of service on a federal advisory committee, he also cautioned that there are ethics rules covering the ways Council members can act or advocate in a private capacity.

Dr. Bala-Hampton summarized the discussion as saying the Council appreciated this concept of a one-page summary for ease of distribution. The Council wanted to present a unified message and perhaps develop a press packet, as well as to share updates of the outcomes from previous reports to help support the Council's past recommendations.

Meeting Adjourn

Dr. Bala-Hampton adjourned the first day of the meeting at 4:00 p.m. (ET)

Thursday, December 8, 2022

Welcome and Roll Call

Dr. Bala-Hampton opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed and the meeting proceeded. He briefly reviewed the presentations and discussions of Day 1, including the approval of the Council's 18th Report, and discussed the agenda for the day's meeting.

Presentation: Title VIII Nurse Education and Practice (NEP) and Advanced Nursing Education (ANE) Programs

Tara Spencer, MS, RN

Chief, Nursing Education and Practice Branch

Adanna Agbo, DrPH, MSN, RN, PHNA-BC

Chief, Advanced Nursing Education Branch, DNPH

Igboanuzuo Ndidi Njaka, BA Ed. MSN-H, AGPCNP-BC

Team Lead, Advanced Nursing Education Branch, DNPH

DNPH staff members Ndidi Njaka, Team Lead, Advanced Nursing Education (ANE) Branch, Dr. Adanna Agbo, Chief, ANE Branch, and Tara Spencer, Chief, Nursing Education and Practice Branch, provided an overview of the DNPH nursing workforce and education programs. They stated that BHW seeks to improve and expand health care to the most vulnerable populations. Given the crucial role that nurses play within the health care system, DNPH nursing workforce development programs within BHW aim to recruit new nursing candidates and to improve the education and training of nursing professionals. These programs increase nursing education opportunities for individuals from disadvantaged backgrounds, support advances in education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. In FY 2021, DNPH supported nearly 29,000 nursing trainees, of whom just over 40 percent were from disadvantaged backgrounds. In addition, over 60 percent received some training in MUAs, with many intending to work in an MUA setting upon graduation.

Dr. Agbo also discussed how DNPH had implemented NACNEP recommendations from past reports into its programs, and taken them into account for future planning. She noted that recommendations from a past report on public health nursing led to the creation of a training grant program to educate and train the next generation of public health nurses, to increase opportunities in public health nursing workforce development. In response to recommendations on interprofessional education and practice, DNPH required grant recipients to develop programs to train undergraduate and graduate nursing students in an environment with other health care professionals, including doctors, psychologists, social workers, and allied health professionals, and in some cases with non-health care professionals such as law enforcement officers and crisis advocates. Recommendations from other reports have led to programs emphasizing education in the social determinants of health (SDOH), improvements in clinical simulation training, the creation of nurse residency and fellowship programs, and an expansion of programs designed to support the development of new nurse faculty and preceptors.

Ms. Spencer discussed the planning cycle for developing DNP nursing workforce programs. She explained that all DNP programs are authorized under Title VII and Title VIII of the PHS Act and are legislatively mandated, and the development process derives from congressional legislation and appropriations. Some of the legislative language provides very specific instructions in terms of the types of programs to implement or the specific populations to target.

Other considerations in long-term program development include:

- HHS, HRSA, and BHW priorities,
- NACNEP recommendations,
- The needs of nursing in the field,
- Feedback from stakeholders, current grantees, and nursing organizations,
- Lessons learned or best practices from related programs, and
- Outcomes from program evaluations, including impact on the nursing workforce.

Ms. Spencer said that strategic planning must take place one to two years ahead of time. She presented an outline of a typical two-year time frame for program development and discussed the approach to prepare and publish a new Notice of Funding Opportunity (NOFO), which includes: the initial program concept and stakeholder engagement, an environmental scan of the current needs, listening sessions and other opportunities for public comment, and input from HRSA's National Center for Health Workforce Analysis (NCHWA) and the HRSA-funded health workforce resource centers in projecting nursing workforce trends.

She discussed the considerations DNP must make in working to implement NACNEP recommendations, including:

- What is the timeline for implementation?
- Do the recommendations address current needs?
- Are they proactive and forward thinking in nature?
- Are they actionable given HRSA scope and the legislative authorities?
- What is the capacity and structure in place for implementation?
- Are the current recommendations duplicative of past recommendations, or are they updated?
- Are the recommendations complementary to the administration's priorities?

She noted that DNP programs for FY 2022 and 2023 are centered on six key areas: advancing health equity of communities through training of the health workforce; increasing diversity of the health workforce; increasing partnerships to enhance training and employment opportunities; promoting health workforce wellness and preventing burnout, increasing resiliency, and promoting retention; increasing training support and participant support, increasing supply, distribution access to health workers; and improving program models to better train the health workforce. DNP currently forecasts offering six programs for FY 2023, including four current ones: advanced nursing education investments, including nurse practitioner residency and fellowship programs; the advanced nursing education workforce program; the nurse anesthetist traineeship program; and the nurse faculty loan program. The two new investments are: Nursing Workforce Advancing Health Equity Technical Assistance Center, and the Nurse Education Practice Quality and Retention Pathway to Registered Nurses program.

Presentation: Title VIII Nurse Corps Scholarship Program

Anna Savage Venner, MA

Deputy Director, Division of Health Careers & Financial Support Branch
BHW, HRSA

Anna Savage Venner, Deputy Director, DHCFS, discussed the Nurse Corps Scholarship Program, which provides up to four years of financial support to nursing students in return for a service commitment to work in an eligible health care facility with a critical shortage of nurses. Eligible students must be accepted or enrolled in an accredited school of nursing at the diploma, associate, baccalaureate, or graduate level, and students can apply for up to four years of support. The Nurse Corps scholarship covers tuition and fees, other costs such as books or clinical supplies, and a monthly stipend.

Ms. Venner said that after graduation, Nurse Corps scholars must serve a minimum commitment of two years, up to a maximum of four-years for those who receive the full four-year scholarship. She noted that in FY 2022, almost 600 nursing students received Nurse Corps scholarships, and there are currently almost 4,000 participants serving in over 2,500 clinical sites, including acute care hospitals, community clinics, federally qualified health centers, residential nursing homes, dialysis centers, and hospice programs.

Q and A

There was a question about the outreach of the Nurse Corps program to high schools to help promote interest in nursing, especially among minority students. Ms. Venner replied that DFCHS has pipeline programs, which consist of cooperative agreement grant programs to organizations to help reduce barriers to underrepresented minorities and disadvantaged students to access health careers.

Presentation: FY 2023 BHW Advisory Committee Plans

Shane Rogers

DFO, Advisory Committee on Training in Primary Care Medicine and Dentistry, and
Advisory Committee on Interdisciplinary, Community-based Linkages
BHW, HRSA

Mr. Shane Rogers, the DFO of two BHW advisory committees, provided an overview of the recent reports and current activities of the four BHW advisory committees outside of NACNEP.

Mr. Rogers said that the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) advises the HHS Secretary and Congress on activities specific to programs within Title VII Part C of the PHS Act, including primary care, medical, and general and pediatric dentistry education and training programs. ACTPCMD is planning two reports for 2023: increasing the supply of primary care clinicians, and supporting new primary care training models. Their last meeting also included discussions on reviewing the preparedness of clinicians who were trained during the COVID 19 pandemic and assessing any gaps that may exist in their training, and the need to prepare the workforce for the next pandemic.

The Advisory Committee on Interdisciplinary and Community-Based Linkages (ACICBL) provides recommendations on programs authorized within Title VII Part D of the PHS Act, primarily the Area Health Education Centers program, geriatric workforce enhancement programs, and several mental and behavioral health education and training programs, including the Addiction Medicine fellowship program as well as the Integrated Substance Use Disorder program. The 2023 topics discussed at the last ACICBL meeting included: positioning the public health system to anticipate future need; reversing the negative trend in U.S. health care workforce recruitment and retention; incentivizing the health care system for equity; and recognizing the value of family caregivers and the importance of interprofessional training.

Mr. Rogers noted that the COGME DFO had presented to NACNEP earlier in the meeting. As an overview, he said that COGME has a broad charge to make recommendations that pertain to the supply and the distribution of physicians across the nation, as well as issues related to foreign medical graduates, the financing of both graduate and undergraduate medical education programs, and physician workforce improvement. COGME published a report in 2022 on the rural health workforce, as well as a letter of support for the Teaching Health Center Graduate Medical Education program. For 2023, COGME is developing two new letters: one with recommendations to support general surgeons in rural areas, and the other pertaining to the disproportionate loss of underrepresented minority students, residents, and faculty in medical education. The next COGME report will focus on team-based care within medical education.

The National Advisory Council on the National Health Service Corps (NACNHSC) makes recommendations with respect to the NHSC, including matters related to designating areas of the country with health professional shortages, as well as the need on assigning NHSC clinicians to these shortage areas to improve the delivery of health services. Topics discussed at its last meeting included: health equity, telehealth, and access to health care services, with an emphasis on surgery, dental care, and behavioral health. Topics for future council meetings may include substance use disorders, clinician resilience, and mentorship and leadership training.

Mr. Rogers reminded the NACNEP members that all five of the BHW advisory committees provided letters pertaining to the development of the HHS health workforce strategic plan, released in 2022 and available on the HHS web site. The strategic plan's four goals are: expanding the workforce supply to meet evolving community needs; improving the distribution of the workforce to reduce shortages; enhancing health care quality through professional development, collaboration, and evidence informed practice; and developing data and evidence to strengthen the nation's health care workforce. He advised the NACNEP members keep these department goals in mind during discussions on the Council's future report topics.

Review: BHW Priorities

Justin Bala-Hampton, DNP, PhD, MPH, MHA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton noted that he would be providing an update on the HRSA 2023 priorities in lieu of Dr. Luis Padilla, Associate Administrator for Health Workforce, due to a scheduling conflict. He stated that given the current workforce challenges, BHW aims to increase the supply of health professionals, including physicians, nurses, behavioral health providers,

dentists, and others. Toward this goal, HRSA is exploring creative ways to increase the number and diversity of students entering the health care field, help them graduate, and encourage them to work in rural and other underserved areas. HRSA is also working to advance health equity by ensuring that its workforce investments are reaching areas with the greatest need, and to promote provider resilience by developing programs to reduce burnout and promote wellness and mental health. Lastly, HRSA is looking to amplify its impact by linking training programs to loan and scholarship opportunities and promoting health equity.

BHW is focusing on efforts to:

- Recruit students from the communities it serves,
- Expand community-based training and train student in clinical settings withing rural and underserved communities,
- Promote its loan and scholarship programs,
- Provide training in interprofessional, collaborative teams, and
- Integrate behavioral health into primary care.

Dr. Bala-Hampton noted that several HRSA programs, including the NHSC, the Nurse Corps, and the STAR LRP, support the education and training of qualified clinicians in exchange for commitment to serve in high-need areas. In FY 2022, these programs supported an overall field strength of over 24,500 clinicians and served over 25.8 million Americans living in the areas of highest needs. HRSA is moving away from funding traditional and institutional based curricula and towards more community-based training, because providers are more likely to choose careers in primary care and to practice in rural and underserved areas when they have positive training experiences while in school. BHW is also working to provide more long term training opportunities through residency and post-graduate training programs that emphasize interdisciplinary, team-based care, and the integration of behavioral health into primary care

Dr. Bala-Hampton added that BHW recently awarded \$13 million through two nurse education programs to increase the number of skilled nurses working in underserved areas. Both programs come in the wake of the severe strain COVID has placed on the nursing workforce, with concerns related to nurses experiencing high levels of stress and burnout or leaving the profession in record numbers. Nursing program funding opportunities coming in 2023 include:

- Advance Nursing Education Workforce.
- Advance Nursing Education – Nurse Practitioner Residency and Fellowship.
- Nurse Education, Practice, Quality, and Retention – Pathway to Registered Nurse.
- Nurse Anesthetist Traineeship.
- Nursing Workforce Advancing Health Equity – Technical Assistance Center.

Dr. Bala-Hampton pointed out a new data tool from HRSA, bringing data from the National Simple Survey of Registered Nurses (NSSRN), the longest-running survey of Registered Nurses in the U.S., into a powerful easy-to-use data format through the NCHWA Nursing Workforce Dashboard. The Dashboard enables to access 100,000 unique data points from the NSSRN and allows users to visualize a wide range of nursing workforce data including demographics, employment, education, and earnings. HRSA is currently working with the Census Bureau to prepare the 2022-3 NSSRN.

Dr. Bala-Hampton relayed Dr. Padilla's gratitude to NACNEP for the Council's work to support the nursing profession. He noted that the 17th NACNEP Report on the shortage of nurse faculty and clinical preceptors led to the development of clinical preceptor academies. He urged NACNEP to consider recommendations in its next report that HRSA can use to promote health equity, integrate public health and behavioral health into primary care training and health care delivery, and improve health care delivery.

Q and A

There was a comment on the movement to integrate public health into primary care, which might require a look at health care system redesign due to the separate funding streams. Some areas are shifting to having primary care clinics serve the role of public health, because local public health departments lack adequate staffing or capacity. There was a follow-up comment on the need for nurses to retain a holistic view of the patient, including aspects of the SDOH such as food security. Acute-care nurses need to develop a better understanding of SDOH and health equity so that they can refer patients to social services as needed during discharge planning.

Council Discussion: Planning for the NACNEP 19th Report

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MILA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton moderated a discussion for the Council members to propose topics for the NACNEP 19th Report, along with themes for recommendations. He asked the members to focus on the Council's authorizing legislation and the Title VIII nursing programs under its purview, and to keep in consideration the key performance indicators (KPIs) in looking toward the recommendation outcomes. He noted that the Council has its greatest influence on promoting ways HRSA can support, strengthen, and expand nursing education and practice.

There was a question on the current data related to distribution gaps for the nursing workforce between rural and urban areas, as well as concern about gaps between different racial and ethnic groups and between genders. Dr. Bala-Hampton replied that NACNEP can work with NCHWA to obtain this data, or to recommend improved data collection efforts for the nursing workforce.

There was a comment that getting more nurses to work in community settings would serve to improve health care access and address health equity, which resonates with the latest Future of Nursing report from the National Academy of Sciences, Engineering, and Medicine. Council members discussed the need to support nurses in redeployment to community settings, where nurses may provide in-home services or follow-up care over the phone. There was discussion of the nurse-led mobile clinics program supported by HRSA through DNPH, to bring more health services into rural and underserved areas. However, a council member noted that the current funding mechanism for this program was grant-based and thus difficult to sustain.

There was discussion on exploring changes to the reimbursement rules under the Centers for Medicare and Medicaid Services to allow more registered nurses (RNs) and advanced practice registered nurses (APRNs) to bill independently for services. Dr. Bala-Hampton noted that the issue of CMS reimbursement is outside of the Council's charge and purview, and urged members with an interest in this topic to attend the public hearings of Medicare Payment Advisory

Commission, known as MedPAC, the independent congressional agency established to advise the U.S. Congress on issues affecting Medicare.

Council members noted the shift in schools of nursing toward competency-based education, to help assure that nursing students develop the skills needed for clinical practice. This shift should encourage educational programs to work more closely with their clinical practice partners. Members noted the competency-based education models developed by nursing organizations such as the American Association of Colleges of Nursing and the American College of Nurse-Midwives.

Further discussion noted the growing difficulties in providing students with access to clinical sites for learning experiences. A Council member noted the difficulties of getting pre-licensure nursing students into clinical placements outside of hospital acute care units, because such settings often lack the resources to accept and train a student. With the trends in the health care system shifting to primary or preventive care, nursing students will need better preparation in a wider range of settings. One member commented on the struggles within the health system to recruit and retain highly qualified nurses, pointing to the need to think differently about the clinical preparation of nurses and to strengthen academic-clinical partnerships.

A concern was expressed about changes in many hospital-based clinical rotation sites for nursing students, especially during and in the aftermath of the COVID-19 pandemic, in which the students are more often passively “shadowing” an RN on the floor rather than working through the nursing process. As a result, students may be heading into clinical practice lacking the critical thinking skills needed to succeed. There were comments on promoting both concept-based and competency-based education, and the value of skills testing. There was a further comment on the rise of “nurse intern” programs that employ students to work with an RN preceptor to gain clinical competencies while obtaining academic credit. It was noted that intern and residency options can bolster recruitment into nursing; however, they may raise concerns related to role definitions and accreditation. Specific to public health nursing, it was noted that some federal COVID-related funds supported an expanded transition-to-practice model for nursing through AmeriCorps to place more newly graduated nurses in local public health departments.

Council members expressed support for the HRSA-funded nurse residency programs, which have allowed more schools of nursing to work collaboratively with their clinical practice partners and create immersive learning experiences for RNs and APRNs, while decreasing pressure to get nurses out into the work environment as quickly as possible. Immersive residencies provide students with a realistic understanding of the practice environment and help them learn about the business of health care. There was a further comment to recommend increased dissemination of information to students on the many HRSA scholarship and loan repayment programs.

One Council member noted that the average scores of the nursing licensure exam, the NCLEX, declined in the last year, which could lead many schools of nursing to change their educational mindset. In response to the pandemic, more schools offered classes remotely, raising questions of student engagement and learning quality. There was a line of discussion to note that many nursing programs have outgrown their current facilities, while many universities have come to view nursing programs as a moneymaker, leading to an emphasis on the growth in the volume of

students, at the possible expense of educational quality. Council members expressed concern about allowing the marketplace to dictate educational preparation, noting that rapid expansion may contribute to educational deficiencies. There was also the issue raised from the Council's 17th Report related to nurse faculty recruitment and retention, because faculty salaries remain significantly lower than the compensation available in clinical practice. Some practice settings are offering joint appointments for faculty and preceptors, allowing more nurse educators to share time between academic and practice roles. In addition, preceptors may be working with students from many disciplines, including medicine, physical therapy, and social work. While this shift can help foster an interdisciplinary approach, it also places constraints on the availability of preceptors for nursing students.

There was a further comment on the undervaluing and under-utilization of clinical simulation. Well-designed clinical simulation experiences offer the opportunity for students to practice realistic case scenarios in interdisciplinary teams that include physicians, respiratory therapists, and others. However, there are wide variations between state Boards of Nursing on the acceptance and use of simulation in education. In addition, some rural schools or settings may lack the resources to keep up with the rapidly changing simulation technology.

In terms of team-based care, Council members expressed the vital need to include physicians within the team planning to avoid the recurrence of past models with the physician as the sole driver. Nurse navigators often take the lead in addressing issues related to health equity and the social determinants of health, so nurses must be able to lead some teams and to drive care changes as needed. One member raised the concept of the Living Lab, involving dedicated clinical environments that test different models of care delivery, as a way to promote innovation. There was also discussion on the need for team-based learning models that take a step back from the typical siloed degree programs to offer core courses involving multiple professions, allowing students from different disciplines to learn from each other.

There was discussion on developing programs to help some nurses transition away from acute care to other settings, such as primary care or rural clinics, or other roles such as quality improvement or information technology development. Some nurses are feeling overwhelmed in the wake of the stresses of pandemic, while others may be looking for new opportunities in different phases of their lives. Providing refresher courses or continuing education could help experienced nurses remain in the workforce, improve career satisfaction, and prevent a drain of knowledge and expertise from the health care system. There was a comment that exposing more students to settings outside of acute care could broaden their perspective on nursing practice.

Dr. Bala-Hampton proposed an overarching theme: *Reimagining the Future of Nursing Education and Practice*. Noting the breadth of the discussion, he summarized some of the major points raised:

- The transition to competency-based education, including competencies in the business of health care, and exploring the competency-based models from AACN and ACNM.
- New educational models, including interdisciplinary team-based training, pre-licensure internships, clinical simulation, educational classes in conjunction with other health care disciplines, and immersive residencies and fellowships.
- Reimbursement and nursing care delivery.

- Clinical experiences outside of hospital-based acute care units, building clinical and communication skills to work effectively in a range of settings.
- Strengthening academic-clinical partnerships through academic-sponsored residencies, joint faculty-clinical appointments, and mitigating the competition for clinical space.
- Nursing school expansion to address workforce demands while maintaining professional autonomy and educational quality.
- The impact of educational changes from the pandemic such as increased use of distance learning, and exploring the reasons behind the recent decline in NCLEX scores.
- Supporting a Living Lab system for educational and clinical innovation.
- Improving the transition to practice, including internships and immersive residencies and fellowships (ex. the expansion of public health nursing in AmeriCorps).
- Retaining experienced nurses in the profession by promoting refresher courses, retooling, and continuing education in areas outside of acute care
- Promoting health equity, improving the racial/ethnic and gender diversity of the nursing workforce, and expanding recruitment into the nursing pipeline.

Public Comment

There were no public comments offered during the comment periods on either day.

Business Meeting

Dr. Bala-Hampton reminded Council members of the dates for the next NACNEP meeting, February 2-3, 2023. He briefly discussed plans to form a workgroup for the initial drafting of recommendations for the NACNEP 19th Report.

Dr. Hampton adjourned the meeting at 3:00 p.m. (ET).

Acronym and Abbreviation List

ACICBL	Advisory Committee on Interdisciplinary and Community-Based Linkages
ACTPCMD	Advisory Committee on Training in Primary Care Medicine and Dentistry
APRN	Advance Practice Registered Nurse
BHW	Bureau of Health Workforce
COGME	Council on Graduate Medical Education
DFO	Designated Federal Official
DHCFS	Division of Health Careers & Financial Support
DMD	Division of Medicine and Dentistry
DNPH	Division of Nursing and Public Health
FY	Fiscal Year
GME	Graduate Medical Education
HBCUs	Historically Black Colleges and Universities
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
MUA	Medically Underserved Area
NACNEP	National Advisory Council on Nurse Education and Practice
NACNHSC	National Advisory Council on the National Health Service Corps
NCHWA	National Center for Health Workforce Analysis
NHSC	National Health Service Corps
NOFO	Notice of Funding Opportunity
NSL	Nursing Student Loan
NSSRN	National Simple Survey of Registered Nurses
PHS	Public Health Service
RN	Registered Nurse
SDOH	Social Determinants of Health
STAR LRP	Substance Use Disorder Treatment and Recovery Loan Repayment Program