

Nursing Education Accreditation and Academic Progression

August 2015

The following participants were convened in Washington DC August 6, 2015 to discuss the national nursing education accrediting agencies' standards, policies, and procedures, and their possible impact on emerging nursing academic progression models. As a result of this collegial discussion the following guiding principles were affirmed and this document was developed to answer some common questions arising during this time of rapid change.

Participants¹:

ACEN	Marsal P. "Marcy" Stoll, EdD, MSN – CEO
CCNE	Jennifer Butlin, EdD – Executive Director
NLN CNEA	Judith "Judy" Halstead, PhD, RN, FAAN, ANEF – Executive Director
APIN NPO	Pam Thompson, MS, RN, CENP, FAAN – National Program Director; CEO, American Organization of Nurse Executives Tina Gerardi, MS, RN, CAE – Deputy Director Bryan Hoffman – Program Manager
CCNA & CFA	Pat Polansky MSN, RN – Director, Program Development and Implementation Lynn Mertz, PhD – Senior Strategic Policy Adviser Mary Sue Gorski, PhD, RN – Nurse Consultant
APIN NAC	Donna Meyer, MSN, RN – CEO, Organization of Associate Degree Nursing

Guiding Principles

- A spirit of collaboration among accreditors and nursing programs is needed to foster and support program innovation while ensuring quality.
- Clarification of the wording and/or intent of existing accreditation standards will assist in "busting myths" or inaccurate perceptions.
- As important advancements in academic progression are made across the country, national nursing education accreditation continues to ensure that nursing programs prepare nurses to provide quality patient care.
- APIN and CCNA advocate that nursing programs pursuing or operating academic progression partnerships be accredited by a nationally recognized nursing accrediting agency.

¹ ACEN – Accreditation Commission for Nursing Education

CCNE – Commission on Collegiate Nursing Education

NLN CNEA – National League for Nursing Commission on Nursing Education Accreditation

APIN NPO – Academic Progression in Nursing National Program Office

NAC – National Advisory Committee

CCNA & CFA – Center to Champion Nursing in America & Campaign for Action

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Frequently Asked Questions – August 2015

1) Is there an NCLEX-RN® pass rate standard for academic progression models?

The NCLEX-RN® pass rate is used as an outcome measure for the ADN and BSN portions of academic progression programs as long as results are linked with students who actually completed each portion of the program. The program needs to explain the pass rate data and how they demonstrate student success in both the ADN and BSN components of the academic progression program.

CNEA has a national standard of 80% NCLEX-RN® pass rate for first-time takers, but this number can be averaged over the most recent academic three year time period.

The CCNE standards specify an expectation of the pass rate for each campus/site and track, which needs to be 80% or higher for first-time takers for the most recent calendar year. However, there is flexibility built in to the standards to allow programs to present repeat taker data and/or to average the pass rates over the three most recent calendar years.

ACEN's standard is "Performance on licensure exam: The program's three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period."

State pass rates may be higher or lower than those specified or based on how the rate is calculated, so a program may be cited by its accreditor, but not cited by the state, or the opposite may be true. Of course, a program also may be cited by both its accreditor and the state, or by neither.

2) What are examples of evidence that would document collaboration and partnerships between community colleges and four-year institutions?

Examples demonstrating partnership include, but are not limited to, shared prerequisites and general education requirements, administrative oversight, nursing courses and curricula, faculty, simulation facilities, clinical experiences, funding resources, joint faculty development and a collaborative vetting of course content and sequencing of courses.

A memorandum of understanding, or other written agreement, signed by all partners and clearly outlining a deep integrated partnership, would be expected. A simple articulation agreement without evidence of partnership and collaboration beyond course sequencing would be insufficient.

3) Are there credit limits for academic progression programs?

Per the ACEN Board of Commissioners:

- Diploma – 90 credit maximum (40 gen ed/50 nursing); all programs must comply by July 2016.
- AD – 60-72 credits generally and 4-6 semester is the norm. ACEN collects annual data from all programs, including current number of credit hours and number of semesters and these data are used as a benchmark. 2013 data reveals that for AD programs the most common range of credit hours is 60 to 72 with the average number of credit hours being 70. Therefore, 60-72 credit hours and 70 credit

hours is the general benchmark. For programs that exceed 72 credit hours or six semesters, the Board in July 2015 alerted these programs that their credit hours exceeded the common range; however, none of these programs were cited as noncompliant with Criterion 4.8.

- If an associate degree academic progression program is more than 72 credits, it should be approved as long as there is documentation of the APIN program such as a memorandum of understanding or other document that a partnership with a university exists and supports BSN completion.

CCNE and NLN CNEA do not have standards limiting program length or number of credits, however, it was noted that some institutions have residency or credit minimums that may need to be fulfilled in order to receive a degree from that institution. It was also noted that some states have passed legislation stipulating the number of credit hours of associate and bachelor degree programs in state institutions.

Representatives from the accrediting agencies agreed that their agencies would look for some indication of the degree or process for receiving a degree if a student wants to leave the academic progression program after completing 90 credits, but prior to receiving BSN degree. The accreditors don't require or make recommendations about whether there should be an "opt out" option.

4) What are the implications of both the ADN and the BSN being awarded at the same time at the end of the program?

Since there are no accreditation standards relating to both degrees being awarded simultaneously, the answer to this question depends on many factors outside of the accreditation process such as state regulations, college or university policies, and financial aid.

5) What are the implications of a curriculum designed so that both a diploma and a BSN are awarded at the completion of all credits?

ACEN serves as a gatekeeper for Title IV funding because it accredits diploma, associate degree, and practical nursing programs that are not housed in entities that hold institutional accreditation. Institutions and programs working on such models are encouraged to discuss this matter with staff at ACEN even if previous discussions were not successful.

6) How do the U.S. Department of Education (USDE) requirements affect nursing accreditation standards? What is a Title IV gatekeeper and how does this affect education innovation?

Institutions must show they comply with the federal USDE rules and regulations to qualify for federal funding such as student financial aid. Validation of adherence to federal guidelines is accomplished by accreditation organizations approved by the USDE to act as the "gatekeepers". Most institutions have regional accreditation organizations or national accreditation organizations serving in this role. ACEN is the only USDE-recognized nursing accreditation organization serving in the "gatekeeper" role because it accredits nursing programs that are not affiliated with an institution that holds regional or national institutional accreditation with a Title IV gatekeeper.

7) How can programs receive approval of their substantive change submission in a timely fashion?

Both CCNE and ACEN acknowledged that there have been delays recently in responding to substantive change letters and both agencies have hired additional staff and put into place mechanisms to streamline and address this issue.

CCNE has hired staff and has an advisory group reviewing substantive change notifications on a regular basis. Process improvements have been made and the advisory group is meeting more frequently to consider the notifications, which are submitted on a rolling basis throughout the year. Additionally, programs now submit the notifications to a dedicated address on the CCNE website, where guidance is also provided to programs (<http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/change-notification>). In the CCNE process, programs do not need to “hold off” on making changes until they hear from CCNE; they should proceed as planned and in accordance with their timelines. See CCNE procedures pp. 21-22. CCNE policies require an accredited program to notify CCNE of a substantive change no earlier than 90 days prior to implementation/occurrence of the change, and no later than 90 days after implementation/occurrence of the change.

ACEN, as an agency approved by the USDE to be a Title IV gatekeeper, must process all substantive change requests. In July, ACEN updated its substantive change policy to define what is and is not substantive and requires approval in advance of change and what is a procedural change and requires only notification. The revised policy is posted on the ACEN website, http://www.acenursing.net/manuals/Policies_July2015.pdf. They have also hired new staff and anticipate the backlog of substantive change notifications to be cleared by October 30, 2015.

NLN CNEA will require post-implementation notification, no pre-implementation notification is planned.

8) Are all faculty required to be nurses? Hold a doctoral degree?

All three representatives stated that all nursing faculty do not have to be nurses. Faculty should hold the qualifications required by the nursing program’s state regulatory agency for nursing, institution, and institutional accreditor, and be qualified to teach assigned courses. The accrediting agency representatives discussed their respective standards relative to faculty requirements. There was some discussion about the ACEN written expectation and how that is being interpreted.

CCNE standards state, “Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree. Faculty who are nurses hold current RN licensure.” CCNE does not prescribe the number or percentage of full-time faculty or faculty holding doctoral degrees. Rather, CCNE is looking at whether the faculty are sufficient in number, academically prepared, and experientially prepared for the areas in which they teach. CCNE has found this standard to be more reasonable and appropriate for judging program quality than setting ratios and “bright lines.” The other accreditors agreed with this concept.

9) Is there a different framework for faculty standards for academic progression programs than for RN completion of BSN programs?

No, the standards for faculty are the same.

10) Is it problematic to have two tracks for the RN to BSN programs (i.e. a traditional RN to BSN and a dual admission option)? Will separate accreditation for the two options be necessary? Will a specific admission process be required to enter a dual admission track?

Accredited nursing programs have a long history of separate tracks for level of education, type of student, location of branch campus, and clinical specialty. When there are separate tracks, clear and appropriate processes must be in place for all applicants and students. If the processes vary in different circumstances there must be rationale for why this is the case.

11) Do changes need to be made to the accreditation standards to reflect emerging nursing academic progression models? Will site visitors be educated about the new emerging models and how to interpret the standards related to them?

The current standards allow for innovative academic progression in nursing models.

Clarifications to the accreditation standards, updates of the processes, and education of site visitors all occur on a regular basis for all of the nursing accrediting agencies and they include emerging strategies and models across the country. CCNE shared that it sponsored a 2-day retraining program of all of its current on-site evaluators over the summer of 2015.