

TRANSPARENCY & STANDARDS IN NURSING EDUCATION CLINICAL PLACEMENTS

S.B. 1015 » **Senator Dave Cortese**

BACKGROUND

For years, California has seen increasing numbers of applications to pre-licensure nursing education programs that are necessary to become a registered nurse (RN) — both associate's degree in nursing (ADN) and bachelor's of science in nursing (BSN) programs.¹ The Board of Registered Nursing (BRN) is responsible for implementing and enforcing the minimum standards for nursing education programs under the Nursing Practice Act, which includes a requirement to provide 500 hours of direct patient care clinical hours in BRN-approved clinical settings.²

Clinical education is an essential part of pre-licensure nursing education programs and helps ensure clinical competency of entry-level RNs. However, a growing number of nursing education programs have had increasing difficulty in accessing clinical education placements for their students at clinical sites. This is sometimes referred to as clinical impaction.

In the most recent annual survey of nursing schools, a staggering 92 out of 152 nursing programs — particularly community college and state university programs — reported being denied access to clinical placements for their nursing students.³ In contrast, other approved nursing programs — particularly private, for-profit BSN programs — continue to secure additional clinical placement slots and make requests to the BRN to expand their enrollment numbers.

To partly address the issue of clinical impaction, the Nursing Practice Act prohibits BRN-approved nursing programs from making payments to any clinical agency or facility in exchange for clinical placements for enrolled nursing students.⁴ Additionally, in 2020, the State Auditor recommended that the BRN collect information about BRN-approved clinical facilities in order to assess the clinical capacity for nursing student placements.⁵

PROBLEM

When nursing education programs cannot place their students in clinical education slots, they cannot expand their programs to meet the growing interest of Californians in the nursing profession. The problem of clinical impaction and lack of access to clinical placements is acutely borne by community college and other public nursing education programs. Clinical impaction contributes to the overall decline

in enrollment levels of ADN and other public nursing education programs.⁶

Current regulatory oversight authority of the BRN, however, has been insufficient to ensure that all approved nursing education programs can obtain necessary clinical placement slots. Although the BRN is responsible for monitoring the availability of clinical placements for all BRN-approved prelicensure nursing programs, it has limited authority to address the trend of clinical impaction. Additionally, the BRN has limited authority to monitor and enforce the statutory prohibition against nursing schools from paying a clinical facility in exchange for clinical placements.

SOLUTION

S.B. 1015 would take the first steps to address the issue of nursing education clinical impaction. The bill codifies additional transparency requirements on clinical placements and initiates the process of developing clinical placement standards for California's nursing education programs.

The bill amends the Business and Professions Code to require the BRN to collect, analyze, and report information on how BRN-approved nursing programs manage and coordinate clinical placements. A statutory change would provide the BRN with clear authority to collect and report information from approved nursing programs on their use of regional nursing program consortiums and other arrangements with clinical facilities to manage clinical placements. The BRN would provide an annual report to the legislature on clinical placement management and coordination.

S.B. 1015 would also require the BRN's Nursing Education and Workforce Advisory Committee to develop and recommend standards to the BRN on the management and coordination of clinical placements by BRN-approved nursing programs and to ensure fair and equitable access to clinical placements among approved nursing programs.

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ENDNOTES

- 1 Board of Registered Nursing, “2021-2022 Pre-Licensure Nursing Program Annual School Report,” (2023), pp. 6-7.
- 2 Business and Professions Code § 2786(a)(2).
- 3 See note 1, at pp. 22-23.
- 4 Business and Professions Code § 2786.4.
- 5 California State Auditor, “Report 2019-120 Recommendations: Board of Registered Nursing” (2020).
- 6 See note 1, at pp. 6-7.

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