

Texas Competency Consortium

Summary of Request:

This purpose of this report is to update the Board on recommendations from the Texas Nurses Association Competency Task Force, a member of the Texas Competency Consortium, on changes to the Nursing Practice Act concerning continuing education.

Background Information:

During the November 29, 2006 meeting of the Texas Nurses Association Competency Task Force, Attachment 1 *Amendment Implementing All CNE be Type 1* was distributed. This language amends Section 301.303 of the NPA relating to continued competency. Of note, is that Type II CE would be eliminated and 20 hours of Type I CE would be required for relicensure.

BNE staff has provided input to TNA requesting that Section 301.303 (d) be removed because of redundancy with Section 301.303 (c) which allows the BNE to establish a system of CE program and provider approval. Staff believes that sub-section (d) gives the impression that there is an "official" approved group such as the American Nurses Credentialing Center. This is not correct as sub section (c) indicates. Staff believe that all of the entities outlined in sub-section (d) do not need to be codified in the NPA and may exclude other viable organizations.

Pros: Continued competency for health professionals is an issue of national debate and review. Changing the NPA to require Type 1 CE is a first step in developing an enhanced regulatory process for competency evaluation.

Cons: None.

Staff Recommendations:

None. This report is for the Board's information only.

AMENDMENT IMPLEMENTING ALL CNE BE TYPE I

Intent

Change law so that all 20 hours of CNE required for license renewal be Type I. There are two options in implementing. Amend NPA to remove restriction that no more than 10 hours can be Type I which would leave up to BNE how many hours must be Type I. The other option is to set out in NPA that all CNE required for licensure must be Type I.

1. Option 1: Following would give BNE discretion in how much of required CNE (up to 20 hours) must be Type I.

Amend Section 301.303, Occupations Code, to read as follows:

Sec. 301.303. CONTINUING COMPETENCY. (a) The board may recognize, prepare, or implement continuing competency programs for license holders under this chapter and may require participation in continuing competency programs as a condition of renewal of a license. The programs may allow a license holder to demonstrate competency through various methods, including:

(1) completion of targeted continuing education programs; and
(2) consideration of a license holder's professional portfolio, including certifications held by the license holder.

(b) The board may not require participation in more than a total of 20 hours of continuing education in a two-year licensing period. ~~[and may not require that more than 10 hours of the continuing education consist of classroom instruction in approved programs. The remaining hours of continuing education may consist of any combination of:~~

- ~~(1) classroom instruction;
(2) institutional-based instruction; or
(3) individualized study.]~~

(c) If the board requires participation in continuing education programs as a condition of license renewal, the board by rule shall establish a system for the approval of programs and providers of continuing education.

(d) In adopting rules under Subsection (c), the board shall consider, but is not obligated to approve:

(1) a program or provider approved or accredited through the American Nurses Credentialing Center; and

(2) a nurse in-service program offered by a hospital that is:
(A) accredited by the Joint Commission on Accreditation of Healthcare Organizations;

(B) certified by Medicare; or

(C) maintained or operated by the federal government or the state.

(e) The board may adopt other rules as necessary to implement this section.

(f) The board may assess each program and provider under this section a fee in an amount that is reasonable and necessary to defray the costs incurred in approving programs and providers.

2. Option 1: Following would require all required CNE (up to 20 hours) be Type I.

Amend Section 301.303, Occupations Code, to read as follows:

Sec. 301.303. CONTINUING COMPETENCY. (a) The board may recognize, prepare, or implement continuing competency programs for license holders under this chapter and may require

participation in continuing competency programs as a condition of renewal of a license. The programs may allow a license holder to demonstrate competency through various methods, including:

(1) completion of targeted continuing education programs; and

(2) consideration of a license holder's professional portfolio, including certifications held by the license holder.

(b) The board may not require participation in more than a total of 20 hours of continuing education in a two-year licensing period [~~and may not require that more than 10 hours of the continuing education~~] all of which shall consist of [classroom] instruction [in] approved programs provided by a program or provider approved under Subsection (c). [~~The remaining hours of continuing education may consist of any combination of:~~

~~(1) classroom instruction;~~

~~(2) institutional-based instruction; or~~

~~(3) individualized study.]~~

(c) If the board requires participation in continuing education programs as a condition of license renewal, the board by rule shall establish a system for the approval of programs and providers of continuing education.

(d) In adopting rules under Subsection (c), the board shall consider, but is not obligated to approve:

(1) a program or provider approved or accredited through the American Nurses Credentialing Center; and

(2) a nurse in-service program offered by a hospital that is:

(A) accredited by the Joint Commission on Accreditation of Healthcare Organizations;

(B) certified by Medicare; or

(C) maintained or operated by the federal government or the state.

(e) The board may adopt other rules as necessary to implement this section.

(f) The board may assess each program and provider under this section a fee in an amount that is reasonable and necessary to defray the costs incurred in approving programs and providers.