

Consideration of Request for Charge to the Nursing Practice Advisory Committee

Summary of Request: Consider Staff's request for the Board to issue a charge to the Nursing Practice Advisory Committee (NPAC) to review and make recommendations regarding amendments to 22 Texas Administrative Code Chapter 216, Continuing Competency (Board Rule 216). This is an action item and will require a vote by the Board.

Historical Perspective: In 1991, Board rules were adopted requiring nurses to complete 20 contact hours of continuing nursing education (CNE) every two years for relicensure. CNE is defined in current Board Rule as "programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care to the public" [Board Rule 216.1(12)]. At the September 1996 Board Meeting, the Board approved a change to the continuing education rule in effect at that time, adding "courses which focus upon self-improvement, changes in attitude, self-therapy, self-awareness, weight loss and yoga" to the list of unacceptable topics for continuing education; and, these activities continue to be listed as unacceptable for CNE to date [Board Rule 216.6(5)]. In 2010, the rules were changed requiring that the CNE be relevant to the nurse's area of practice, defined in current Board Rule as "any activity, assignment, or task in which the nurse utilized nursing knowledge, judgement, or skills during the licensure renewal cycle. If a nurse does not have a current area of practice, the nurse may refer to his or her last area of practice or most recent area of practice" [Board Rule 216.1(4)].

In 2017, the Texas Nurses Association (TNA) notified Board Staff that a Task Force had been created to propose a change to Board Rule 216.6(5) to include the following CNE activities as acceptable for continuing competency for licensure renewal: courses that focus on changes in attitude, self-therapy, and self-awareness that are based on evidence with a demonstrated direct or indirect impact on patient outcomes. TNA notes that in the past 5-10 years, research has been conducted that reveals the effect themes such as compassion fatigue, moral distress, fatigue, resilience, workplace violence, and nursing satisfaction have on nursing practice and patient safety and/or outcomes. Accordingly, the TNA Task Force recommends that Board Rule 216.6(5) be revised to delineate activities that address changes in attitude, self-therapy, and self-awareness which are based upon evidence that demonstrates enhancement of nursing practice and patient safety and/or patient outcomes be acceptable as CNE for purposes of licensure renewal. The TNA Task Force believes this expansion of acceptable CNE topics embraces current evidence that demonstrates a link between the nurse's attitude/self-awareness and the nurse's practice and patient safety and/or outcomes.

Pros: Review of Board Rule 216 will provide the Board with an opportunity to gain input from NPAC concerning the continuing competency requirements for nurses, evaluate the currency of continuing competency requirements, and consider the information brought forth by the TNA Task Force for the inclusion of additional topics to be counted as acceptable CNE for nursing licensure renewal. The committee's recommendations may assure the Board that continuing competency requirements are consistent with best practices and inclusive of stakeholder input. Review of the entire Continuing Competency chapter affords the Board an opportunity to streamline language and terminology and provide further clarification about continuing competency requirements.

Cons: None noted.

Staff Recommendation: Move to charge the Nursing Practice Advisory Committee to review and make recommendations regarding Board Rule 216, Continuing Competency.