

Consideration of Staff Report on Recommendations Regarding Continuing Medical Education as Acceptable Continuing Education for Nurses

Summary of Request:

Consider the findings from a National Council of State Boards of Nursing (NCSBN) Survey, a Survey of Texas Health Professions and the input from the Texas Nurses Association Continuing Nursing Education Committee to make a determination whether Continuing Medical Education (CME) is an acceptable continuing nursing education activity.

Historical Background

In July 2013, the Board asked staff to make recommendations regarding whether CME should be an acceptable Continuing Nursing Education (CNE) activity that meets the continuing nursing education requirements for licensure renewal for nurses that are not licensed as Advanced Practice Registered Nurses (APRNs).

Texas first began requiring CNE in 1991. In 2007, as a result of legislation passed in the 80th Legislative session, the distinction between CNE Type I and Type II was eliminated and criteria for acceptable and unacceptable CNE were defined in the continuing education rules. In 2008 the Board charged staff to incorporate new methods to allow nurses to document their continued competence through either 20 hours of CNE in their area of practice per licensing period from an approved provider or national certification in a specialty area.

Findings from the NCSBN Survey

A survey was developed and sent to Boards of Nursing using the NCSBN survey tool. The survey contained three questions related to continuing education, and one to identify the responding Board of Nursing. The majority of responding Boards of Nursing do require CNE (eighty-six percent or 30 out of 35). Of those that require CNE, the majority did accept CME for all licensure levels (fifty-seven percent or 16 out of 28). Very few Boards of Nursing answered the question related to accepting CE from other professions (5 specifically answered the question, and an additional 3 provided comments that clearly indicated their acceptance or rejection of CE from other professions). From responses to the question, the majority of this small number of responders does accept CE from other professions (6 out of 8, including responses based on comments or seventy-five percent). Some of the responses indicated that if CE is accepted from other professions there may still be requirements to meet prior to the particular Board accepting the CE, for example, the Ohio Board of Nursing will accept CE from other health care professionals but the CE still has to meet their CNE requirements.

Please see attachment A for the specific information collected from the responding Boards.

Survey of Texas Health Professions

The health care licensing boards that are represented on the Texas Health Professions Council were contacted by phone or by visiting their websites to obtain information regarding their requirements for continuing education. Information was gathered from 16 licensing boards to determine if the boards had a mandatory CE requirement and if CE was accepted from other professions as part of this requirement. All the licensing boards contacted do have a mandatory CE requirement for their licensees. Fifty-six percent (9 out of 16) of the licensing boards do accept CE from other professions if the CE activity relates to the individual's profession. Thirty-one percent (5 out of 16) of the licensing boards do not accept CE from other professions. The Texas State Board of Pharmacy only recognizes CME as an acceptable CE activity for pharmacists, and the Texas Medical Board does accept CE from other professions as part of physicians' informal CE hours.

Please see attachment B for specific information collected from these licensing boards.

Texas Nurses Association Continuing Nursing Education Committee

Staff requested that the Texas Nurses Association's (TNA) CNE Committee provide input and recommendations regarding whether the BON should accept CME as an acceptable CNE activity that meets the continuing education requirements for licensure renewal for nurses that are not licensed as Advanced Practice Registered Nurses (APRNs). The unanimous consensus of TNA's CNE Committee was that it would not be appropriate for CME to meet the mandatory CNE requirement for nurses that are not licensed as APRNs. The TNA CNE Committee believes that CME is designed to meet the learning needs of physicians and their practice of medicine and does not meet the learning needs of nurses and their practice of nursing. Nurses need nursing information that is specific to their nursing scope of practice and their area of nursing practice. As healthcare evolves to a more team based approach, leading to more inter-professional education, this should not imply that continuing education in nursing is sacrificed. Rather, nurses should seek continuing educational opportunities that strengthen their individual practice and impact the quality of care that is provided.

Please see attachment C for specific recommendations from TNA's CNE Committee.

Pros:

Requiring nurses to attain at least 20 contact hours of continuing nursing education in a nurse's area of practice has the potential for improving a nurse's competency which may lead to improved safety and quality of care. However, nurses are able to attain as many education courses as they like in excess of the mandatory 20 contact hours and there is evidence to suggest that it now makes good business sense.

In the January 2013 issue of the *Journal of Nursing Regulation* an article related to liability claims, there was a correlation with lower indemnity payments and increasing continuing education requirements (Benton & Flynn, 2013, p.7)¹. Since there may be an economic benefit for nurses to acquire more than 20 hours of CE, demonstrated by lower indemnity payments, the requirements for the mandatory 20 contact hours in continuing nursing education should not be altered.

Boards of Nursing responding to the survey:

- Only 28 of the 35 (eighty percent) responding Boards indicated they accepted CME and
- Only 7 Boards indicated they accepted other professions CE with some level of criteria to be met.

Health Professions:

- Only thirty-one percent of health professions do not accept some measure of CE from other professions;
- Of the fifty-six percent that do accept some measure of other professions CE, many have a limiter (such as formal education versus informal education similar to the previous Type I and Type II CE requirements that the BON used to have in rule).
- The health professions boards that allow other professions CE also require that the CE be in the professionals' area of practice.

In addition, the BON regulates more licensees than the other health professions and more than any board of nursing that responded to the NCSBN survey. Board staff has begun to implement a new process for auditing CNE that should make the process easier; however, this process has not been designed to recognize CE that does not meet our current rule requirements.

¹ References

Benton, J., & Flynn, J. (2013) Identifying and minimizing risk exposures affecting nursing practice to enhance patient safety. *Journal of Nursing Regulation*, 3(4), p. 4-9.

Cons:

Allowing CME or CE designed for other professionals when it has not gone through the CNE process does not assure that nurses will attain ongoing education in their area of *nursing* practice.

Nurses have a critical role in patient safety and advocacy that is guided by the nursing process. Mandatory CE that does not take into account the nursing process and is not directed towards nurses and their practice may not address this critical role which is at the heart of the Board's mission.

Staff Recommendation: Move to make no additional changes to the proposed rules in Chapter 216, Continuing Competency (See Agenda Item 7.2) or to the recommended charge to NPAC (See Agenda Item 5.2.2.b).

This attachment contains two tables. The first table is a summary of CNE requirements including whether the Board of Nursing accepts CME or CNE from another profession. The second table contains comments from the Boards of Nursing that included comments related to acceptable continuing nursing education.

Table 1 CNE, CME, and CE from other profession

State, Territory, or Jurisdiction	CNE Required for Renewal	Accept CME?	CE from other profession
Alabama	Yes	APRN, RN, LVN	
Alaska	Yes	APRN, RN, LVN	(yes, based on comment submitted)
Arkansas	Yes	APRN, RN, LVN	
Delaware	Yes	APRN	
District of Columbia	Yes	APRN, RN, LVN	
Florida	Yes	APRN	
Georgia - RN	Yes	APRN, RN, LVN	
Guam	Yes	APRN, RN, LVN	
Hawaii	Yes	APRN	yes
Idaho	Yes	APRN	yes
Illinois	Yes	APRN, RN, LVN	
Indiana	No	APRN	
Louisiana - RN	Yes	APRN	
Kansas	Yes	APRN, RN, LVN	
Massachusetts	Yes		(yes, based on comment submitted)
Michigan	Yes	APRN, RN, LVN	
Minnesota	Yes		
Missouri	No		
Montana	Yes	APRN, RN, LVN	
Nebraska	Yes	APRN	
Nevada	Yes	APRN	yes
New Hampshire	Yes	APRN, RN, LVN	
New Jersey	Yes	APRN, RN, LVN	

State, Territory, or Jurisdiction	CNE Required for Renewal	Accept CME?	CE from other profession
North Carolina	Yes	APRN	no
North Dakota	Yes	APRN	
Northern Islands	Yes	APRN, RN, LVN	
Ohio	Yes	APRN, RN, LVN	
Oklahoma	Yes	APRN, RN, LVN	(yes, based on comment submitted)
South Dakota	No		
Tennessee	No		
Texas*	Yes	APRN	no
Utah	No		
Virgin Islands	Yes	APRN	
Washington	Yes	APRN, RN, LVN	
West Virginia-LPN	Yes		
Totals	No – 5; Yes - 30	APRN, RN, LVN -16; APRN - 12	No – 2; Yes 6

*Texas data added post survey (since we sent the survey out we did not receive the survey to respond).

Table 2 Table of Comments:

State, Territory, or Jurisdiction	Comments
Alaska	If the education directly is in line with their job. For example, a school nurse might submit a conference on child abuse that isn't targeted at nurses even though they are mandatory reporters.
Guam	pharmacists
Hawaii	The offering must be approved by an approver for that profession or by another BON or the ID BON
Idaho	The offering must be approved by an approver for that profession or by another BON or the ID BON.
Massachusetts	The board accepts any and all ed programs for continuing ed that meet the Board's regulatory requirements
Minnesota	MN does not require continuing education programs to be approved by a credentialing agency; rather the program must meet certain criteria identified in rule.
Nebraska	We require 20 hours of continuing ed., 10 of which has to be peer reviewed. We would accept these hours as part of the non-peer reviewed hours if they pertain to the practice of nursing. The nurse would have to provide information that it relates to the practice of nursing.

State, Territory, or Jurisdiction	Comments
Nevada	As long as the CE is within the scope of practice for nurses.
New Jersey	The concern is that the nurse secures knowledge in the area of their practice, in some instances it may be a CE activity offered by a professional group other than nursing.
Ohio	We accept from other health care professionals but has to still meet CE requirements.
Oklahoma	If it is an approved by a continuing ed accrediting body and is applicable to their nursing practice – it would be accepted.

Board	CE Required	Criteria CE Must Meet	Audit for Requirement	Accept CE from other Health Professions
Chiropractic Examiners	Yes	Continuing education (CE) must be approved by Texas Board of Chiropractic Examiners	Yes	No
Dental Examiners (No Response)				
Medical Board	Yes	48 hours of CE required. 24 hours required by a Continuing Medical Education (CME) sponsor accredited by ACCME (Accreditation Council for CME) or state medical society recognized by ACCME; approved for credit by American Academy of Family Physicians; or approved by the Texas Medical Association TMA based on standards established by the American Medical Association for its Physician's Recognition Award. 24 hours of required CME may be informal (self-study, attendance at hospital lectures or grand rounds not approved for formal CME or case conferences).	Yes	Yes (informal only)
Podiatric Medical Examiners	Yes	50 hours of CE required. Receive 100% credit for each hour of training for non-podiatric medical sponsored meetings that are relative to podiatric medicine. One hundred percent credit shall also be assigned to hospital grand rounds, hospital CME programs, corporate sponsored meetings, and meetings sponsored by the American Medical Association, the orthopedic community, the American Diabetes Association, the Nursing Association, the Physical Therapy Association, and others at the discretion of the Board.	Yes	Yes as approved by the Board
Optometry Board	Yes	CE approved by Optometry Board	Yes	Yes (CE approved only if applies to treatment of the eye)
Board of Pharmacy	Yes	CE program must be approved by Accreditation Council for Pharmacy Education	Yes	Yes (CE approved by AMA as Category I CME only)

Board	CE Required	Criteria CE Must Meet	Audit for Requirement	Accept CE from other Health Professions
Board of Examiners of Psychologist	Yes	CE providers may include national, regional, state, or local psychological associations; or other formally organized groups providing continuing education that is directly related to the practice of psychology	Yes	Yes (directly related to psychology)
Veterinary Medical Examiners	Yes	For veterinarians, CE shall be acceptable if related to practice management. Attending meetings sponsored or co-sponsored by the American Veterinary Medical Association (AVMA), AVMA's affiliated state veterinary medical associations and/or their continuing education organizations, AVMA recognized specialty groups, regional veterinary medical associations, local veterinary medical associations, and AVMA-accredited veterinary medical colleges	Yes	Yes (at discretion of Board only if related to practice management, i.e. drugs used in practice)
Funeral Service Commission		(No Response)		
Executive Council of Physical Therapy and Occupational Therapy Examiners				
Physical Therapy	Yes	CE must be evaluated and approved by the Texas Physical Therapy Association (TPTA), or be offered by a provider accredited by the TPTA	Yes	No
Occupational Therapy	Yes	30 hours of CE required. Type 1 is non-clinical and Type 2 is clinical CE. At least 15 hours must be Type 2 CE. Type 2 CE must be offered or approved by the Occupational Therapy Association or the Texas Occupational Therapy Association.	Yes	Type 1 – Yes Topics must be relevant to the practice of occupational therapy. Type 2 – No
Department of State Health Service's Professional Licensing and Certification Unit*				
Speech-Language Pathology and Audiology	Yes	All CE courses must be approved by Board approved CE sponsors: <ul style="list-style-type: none"> • American Speech-Language Hearing Association • Texas Speech-Language Hearing Association • American Academy of Audiology • Texas Academy of Audiology 	Yes	No
Licensed Chemical Dependency Counselors	Yes	CE must be specific to substance use disorders and their treatment	Yes	Yes

Board	CE Required	Criteria CE Must Meet	Audit for Requirement	Accept CE from other Health Professions
Dietician	Yes	CE must be offered or approved by the Commission on Dietetic Registration or its agents or a regionally accredited college or university	Unknown	No (see required approval)
Massage Therapist	Yes	Massage therapy techniques and courses involving the manipulation of soft tissue must be taught or presented by a licensed massage therapy instructor. Advanced massage therapy or bodywork techniques must be taught or presented by persons with licensure, registration, or education in the technique being presented. Courses, other than techniques, may be taught or presented by persons with licensure, registration, education or practical experience in the subject being presented.	Yes	Yes
Midwife	Yes	CE courses accepted when the courses are accredited by one of the following accrediting bodies: <ul style="list-style-type: none"> • a professional midwifery association, nursing, social work, or medicine; • a college, a university, or an approved basic midwifery education course; • a nursing, medical, or health care organization; • a department of health; or a hospital. 	Yes	Yes
Respiratory Care Practitioner	Yes	CE must be in skills relevant to the practice of respiratory care and must have a direct benefit to patients	Yes	Yes
Social Worker	Yes	Courses related to and/or enhance the practice of social work and are offered through approved providers. CE must be approved for social work	Yes	No

* Sample obtained from the list of occupations on the Department of State Health Services (DSHS) website. Information regarding CE requirements obtained from the DSHS website.

The Texas Nurses Association's (TNA) Continuing Nursing Education (CNE) Committee met on September 5 – 6, 2013. The CNE Committee discussed whether the Board of Nursing (BON) should accept continuing medical education (CME) as an acceptable CE activity that meets the continuing education requirements for licensure renewal for nurses that are not licensed as Advanced Practice Registered Nurses (APRNs). The unanimous consensus of TNA's CNE Committee was that it would not be appropriate for the BON to accept CME to meet the mandatory CNE for nurses that are not licensed as APRNs. TNA submitted an email to Board staff on 9/27/13 listing the reasons they believe it would not be appropriate for the BON to accept CME as an acceptable CE activity. The reasons cited by TNA are as follows:

- CME should continue to be accepted for APRNs. Their scope of practice crosses that bridge between nursing and medicine and, therefore, would be appropriate.
- CME should **not** be accepted to meet the mandatory CNE requirements for RNs
 - CME was accepted at one time. However, in 2008, the BON decided that CME was not appropriate and deleted this as an option. There must have been a reason for this. Has that changed?
 - CME is designed to meet the learning needs of physicians and the practice of medicine, not the learning needs of nurses.
 - The BON has determined that the CNE a RN participates in should be in his/her "area of practice." We believe they meant area of nursing practice. CME does not address nursing practice.
 - CNE is designed to meet the unique learning needs of nurses and nursing.
 - CNE does allow other experts to present to nurses. If the physician perspective is needed for a particular topic, as an example, a physician can be present. But, it is through the CNE process - nurses developing and facilitating education of nurses - that a nursing focus is maintained to make sure the activity meets the identified nursing learning need. That the physician does not address, as an example, aspects of diagnosis and treatment that do not pertain to nursing practice.
 - There is a plethora, a virtual cornucopia of quality CNE activities "out there" that are either provider-directed or learner-paced that focus on the learning needs of the RN. An additional source of continuing education is not needed. The RN needs to be aware of the BON requirements and be discerning in his/her choices.
 - The BON accepts national certification and converted academic credit to meet the mandatory CNE requirement. Adding an additional avenue to meet the mandatory CNE requirement is not needed and may cause confusion.
 - Regular nurses need nursing information that is specific to their *nursing* scope of practice. As we look at the need to do more inter-professional education, this will not mean that we sacrifice nursing continuing education. It means we work to meet everyone's continuing education needs.