



# Nursing Education and Workforce Advisory Committee Meeting

**SUPPLEMENTAL MEETING MATERIALS FOR AGENDA ITEM 10.0**

September 10, 2025

Topic	Issue(s) outlined in letter(s)	Recommendation(s) in letter(s)	BRN response/background
Communication, regarding clinical placement policies and guidance has created significant barriers for clinical facilities and nursing programs.	As a clinical facility, we currently lack a direct communication channel with the Board of Registered Nursing (BRN), which limits our ability to seek clarification or express concerns.	Establish regular open office hours with senior NECs, providing schools and clinical facilities with a direct and consistent channel to engage with the BRN.	<p>According to the NEC duty statement, their responsibilities include education, nursing practice, enforcement, and committee activities.</p> <p>In the activities related to nursing practice, NECs are expected to interpret and provide consultation on the laws and regulations related to registered nursing and advanced practice registered nursing for the legislative and executive branches of the State, Board staff, other government agencies, the general public, health care agencies, professional organizations, and other nursing stakeholders.</p> <p>The BRN will work to establish a consistent channel to facilitate communication with healthcare facilities.</p> <p><a href="#">16 CCR 1424(c)</a> requires the nursing programs to have an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.</p> <p>Please engage with the nursing program if there is a breakdown in the communication between the nursing program and the clinical facilities they are affiliated with.</p>
The academic-practice gap is especially evident in pediatric nursing	The decrease in mandatory pediatric hours required in pre-licensure programs have directly affected our ability to recruit and retain pediatric nursing staff.	There is a critical need for more specialized programs focused on pediatric nursing. The current model of offering minimal pediatric placements to all students does not adequately support pediatric workforce development.	<p><a href="#">BPC section 2786(a)(2)</a> establishes that an approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a Board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the Board.</p> <p>This was the Board's effort to establish minimum requirements for each content area, where none previously existed, while also allowing the flexibility in curriculum design and implementation that nursing programs had been requesting.</p>

Continued from above	Continued from above	Continued from above	<p>Each nursing program is required to provide students with a minimum of 18 semester units of clinical lab hours to ensure adequate preparation for licensure. The Board does not prescribe minimum credit requirements for individual courses. Instead, each program designs its curriculum to meet the needs of both the institution and the students it serves.</p> <p>Example 16-week semester: 864 total clinical hours required for licensure.</p> <table><tr><td><b>Prior: 75%</b></td><td><b>Ask: 50%</b></td><td><b>Current: Minimum</b></td></tr><tr><td>648 hours</td><td>432 hours</td><td>500 hours</td></tr></table> <table><tr><td><b>Clinical/lab</b></td><td><b>Prior: 75%</b></td><td><b>Ask: 50%</b></td><td><b>Current: Minimum</b></td></tr><tr><td>1 unit - 48 hours</td><td>36</td><td>24</td><td>30</td></tr><tr><td>2 units - 96 hours</td><td>72</td><td>48</td><td>30</td></tr><tr><td>3 units - 144 hours</td><td>108</td><td>72</td><td>30</td></tr><tr><td>4 units - 192 hours</td><td>144</td><td>96</td><td>30</td></tr><tr><td>5 units - 240 hours</td><td>180</td><td>120</td><td>30</td></tr></table> <p>In each of the examples above, the clinical hours required by the nursing program above 30 hours can be provided in any manner that meets the clinical objectives. This can be done in direct patient care as your facility is requesting or laboratory and simulation settings.</p> <p>Please engage with your nursing programs and participate in their advisory meetings if their curriculum delivery is not meeting the needs of their graduate students to adequately prepare them for the workforce.</p>	<b>Prior: 75%</b>	<b>Ask: 50%</b>	<b>Current: Minimum</b>	648 hours	432 hours	500 hours	<b>Clinical/lab</b>	<b>Prior: 75%</b>	<b>Ask: 50%</b>	<b>Current: Minimum</b>	1 unit - 48 hours	36	24	30	2 units - 96 hours	72	48	30	3 units - 144 hours	108	72	30	4 units - 192 hours	144	96	30	5 units - 240 hours	180	120	30
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Revise the required clinical specialty categories outlined in California Code of Regulations §1426(d).	The current model, which mandates clinical hours in narrowly defined areas, does not align with the realities of modern healthcare delivery. Limiting clinical placements and increasing competition for limited acute care sites.	Revise the required clinical specialty categories outlined in California Code of Regulations §1426(d) to broader, developmentally and functionally relevant categories such as adult and aging, childhood and	<p><a href="#">16 CCR 1426(b)</a> requires a nursing program to provide a curriculum that a student can complete that will provide them with the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in <a href="#">BPC section 2725</a>, and to meet minimum competency standards of a registered nurse.</p> <p><a href="#">16 CCR 1426(d)</a> requires that theory and clinical practice shall be concurrent in the following nursing areas: geriatrics,</p>																														

		<p>adolescence, reproduction and childbearing, and behavioral health.</p>	<p>medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p> <p>Additionally, <a href="#">16 CCR 1426(e)</a> requires that the following shall be integrated throughout the entire nursing curriculum:</p> <ul style="list-style-type: none"> <li>(1) The nursing process;</li> <li>(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</li> <li>(3) Physical, behavioral, and social aspects of human development from birth through all age levels;</li> <li>(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</li> <li>(5) Communication skills including principles of oral, written, and group communications;</li> <li>(6) Natural science, including human anatomy, physiology, and microbiology; and</li> <li>(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</li> </ul> <p>We recognize that the naming conventions outlined in <a href="#">16 CCR 1426(d)</a> for the following nursing areas, geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics, have been interpreted by some academic institutions as not aligning with broader, developmentally and functionally relevant categories such as adult and aging, childhood and adolescence, reproduction and childbearing, and behavioral health.</p>
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Continued from above	Continued from above	Continued from above	<p>Due to the requirements outlined in <a href="#">BCP section 2736</a> that require all applicants for nursing licensure (educated in-state, out-of-state, or internationally) to complete courses of instruction equivalent to the minimum requirements established for approved programs in California, any changes to curriculum requirements could impact reciprocity and restrict the Board's ability to license nurses whose education does not align with the regulatory standards.</p> <p>Therefore, the Board requests that any school implementing a concept-based or competency-based curriculum, or using alternative naming conventions, provide their NEC with a crosswalk demonstrating how their content aligns with the curriculum requirements for licensure outlined in <a href="#">16 CCR 1426</a>.</p> <p>Med/surg = adult  Geriatrics = aging  Mental health/psychiatric = behavioral health  Obstetrics = reproduction and childbearing  Pediatrics = childhood and adolescence</p> <p>Additionally, the Board does not mandate specific clinical settings in which direct patient care hours must be completed. Just as each nursing program designs its own curriculum, it also determines the appropriate clinical settings for its students.</p> <p><a href="#">BPC section 2786(a)(1)</a> requires an approved school of nursing, or an approved nursing program to be affiliated or conducted in connection with one or more hospitals and to be an institution of higher education.</p> <p><a href="#">16 CCR 1427(b)</a> requires a nursing program to utilize clinical agencies or facilities that can provide the experience necessary to meet their clinical objectives.</p> <p>Please engage with your nursing programs and participate in their advisory meetings if their clinical preparation is not meeting the needs of their graduate students to adequately prepare them for the workforce.</p>
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