

Getting to know your Licensing Board: the North Carolina Board of Nursing at a Glance

Purpose:

To provide an overview of the role of the N.C. Board of Nursing in Public Protection.

Objective:

1. Describe the primary functions of the Board
2. Demonstrate Utilization of the Board's web site for access to resources and information

“ No person shall practice or offer to practice as a registered nurse or licensed practical nurse, or use the word ‘nurse’ as a title for herself or himself, or use an abbreviation to indicate that the person is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse...”§ 90-171.43.

Consider for a moment what health-care would look like if the providers entrusted to care for your loved ones had no standard basic education requirements, no established scope of practice and no measures by which to remove an incompetent professional. Frightening thought? It should be! Professional licensing boards exist solely to protect the public from harm by unscrupulous and incompetent persons engaging in practice. Citizens have the right to expect each professional licensing board to advocate for the public welfare in the execution of its duties. Licensing a professional sends

a clear message to the public that the individual holding a license has satisfied necessary academic requirements and has met minimum entry-level standards of competency before being approved to practice in that profession. In addition, licensing assures the public of oversight of the professional discipline by holding its members accountable for minimum standards of competency. The focus of licensing boards is different than that of professional organizations. It is a common misconception that professional regulatory boards are professional advocacy groups. Licensees should be aware that the mission of their regulatory board is public protection while the role of their professional organization is advocacy for the profession.

This article provides an overview of the North Carolina Board of Nursing's (Board) structure, function and legal authority. Throughout the article specific statutes (laws) from the NC Nursing Practice Act (NPA) are cited as references. Further, the author provides “helpful hints” to give the reader additional supporting information on specific topics discussed herein.

In 1903, NC enacted the country's first NPA for the purpose of regulating the practice of Nursing. These laws provide the foundation for every function and duty carried out by the Board. The NPA requires licensing of any person representing themselves as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) and defines the legal scope of practice for nurses practicing within the state [§90-171.20 (7)(8)]. The NPA laws are further clarified through NC Administrative Code Rules which are developed by the Board and provide the details necessary to support implementation of and adherence to the laws. (Both Laws and Rules are published on

the Board website). Together laws and rules are designed to protect the public as described in the Board's mission statement (below).

“The Mission of the North Carolina Board of Nursing is to Protect the Public by regulating the practice of Nursing”

Each state has legislatively enacted an NPA. While there are variations in statutory language among the states, they all have a common mission of public protection. When employed in a licensed position in North Carolina (NC) or in any other state, a nurse is governed by and held accountable for the NPA standards of that state or jurisdiction. This applies, likewise, to nurses working on a Privilege to Practice (PTP) in a participating Compact State [§90-171.83]. For example, a nurse whose primary or “home” state of residence is NC, holds a NC multi-state license as long as that license is in good standing. This multi-state privilege means that the nurse may be employed in any of the other 23 Compact member states, referred to as “party states”, without having to apply for licensure in those states. If the nurse changes the primary or “home” state of residence, then the nurse is required to apply for licensure in the new “home” state. A nurse relocating to NC and declaring NC as the new primary or “home” state must notify the Board within 90 days of relocation. Nurses residing in non-Compact states must hold single-state licenses in all states in which they work. Whether working under the multi-state PTP or a single state license, the nurse is held to the standards set forth in the NPA in the state where the client (patient) is located at the time of practice.



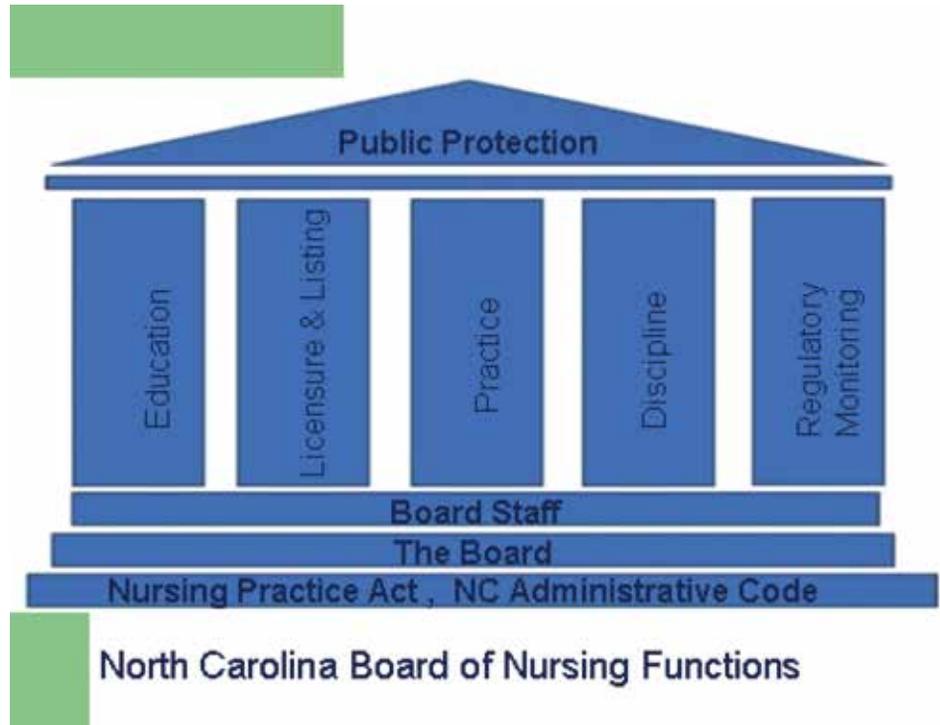
Helpful hint: General information on the compact is published on the Board's website under the tab Verify License: Verify a compact license.

Licensing Boards vary in size but are generally inclusive of members of the specific professional discipline and members of the public, unaffiliated with the profession. The NC NPA provides for the creation of an independent 14 member board [§90-171.21]. Members include 8 RNs; 3 LPNs and 3 public members appointed to serve by the Governor and the NC Legislature. The NC Board is recognized nationally as the only state board of nursing that elects its nursing (RN and LPN) members. Each year, the Board holds elections to fill vacancies occurring when a sitting RN/LPN's term has expired. Every RN and LPN holding a current license in NC has the opportunity to vote for members to fill anticipated vacancies.

The results of the most recent election have been announced. The new 2015 Board members include Christina Weaver, MSN, RN who will fill the vacant RN staff nurse position and Mary Jones, BSc, LPN who will fill the vacant LPN position. Peggy Walters, MSN, MEd, EdD, RN was reelected as the ADN/Diploma nurse educator and currently serves as the Board Chair.

To support its many and varied duties, the Board employs a staff led by an Executive Director (ED) [§90-171.24]. Julia George, MSN, RN was named ED in 2008. In her role as ED, Ms George serves as liaison to the Board in daily operations and regulation of practice. Regulation is defined as the process of interpretation, implementation, and enforcement of laws, rules and policies designed to ensure minimum standards of nursing competency and public protection. Ms George oversees the staff in the implementation of the strategic plan and in supporting the functions of the Board

Education: The Board establishes standards for pre-licensure nursing education programs and the qualifications for nursing faculty [§90-171.38]. Each request to develop a new program requires approval from the Board prior to operation. The approval process includes



North Carolina Board of Nursing Functions

There are 5 primary functions of the Board as depicted in the model (above). The foundation for the existence of the Board and the authority for its functions and operations are grounded in the NPA with a clear legislative mandate for Public Protection.

submission of an application providing evidence that the program can meet the minimum standards for pre-licensure education necessary to ensure their graduates have the education necessary to practice as an RN or as an LPN in a safe and competent manner. Following receipt of the application and supporting evidence, a site visit is conducted by designated Board staff before initial program approval is granted by the Board. A second site visit following graduation of the first class leads to full approval status by the Board if all requirements are met. Once approved, all pre-licensure nursing programs are continuously monitored for quality and formally reviewed at least every 8 years. In situations where a program is unable to show evidence of meeting minimum standards, the Board holds the authority to place the program on warning status until such time as evidence is submitted to demonstrate correction of deficiencies. The Board publishes a list on its web-site of each pre-licensure program in the state along with their approval status. Trended scores on the National Council Licensure Examination

(NCLEX) for RNs or PN's is one measure used by the Board in its ongoing efforts to monitor a program's quality. NCLEX results are published and available on the Board's website.

The Board frequently receives questions related to the requirements for a Refresher Course. A Board approved course is mandatory if the NC nursing license has been inactive, retired or lapsed for five years or more and the nurse has not been licensed in another state during the last five years. The nurse must satisfactorily complete the Refresher Course prior to reactivating or reinstating the NC license. The nurse must then apply for reinstatement within one year of completing the approved course. On the other hand, if the nurse has maintained an active NC license and had not been employed in a licensed position for an extended period of time, a Refresher course is not mandatory. Many nurses in this situation voluntarily seek this level of preparation prior to returning to active practice, however it is not required by the law.

The Board also has the authority for

granting approval of continuing education programs designed to enhance nursing practice by teaching skills not generally included in the basic educational preparation of the nurse (RN or LPN). A request for the implementation of such an educational program requires the requestor to demonstrate need and to show evidence of the quality of the curriculum, faculty and the practicum. Prior to granting approval, the Board will determine that upon satisfactory completion of the educational program, the nurse can be expected to carry out those procedures in a safe and competent manner. Examples of such advanced skills include those which may be performed in an emergency situation by an RN during critical care transport; by an RN who has completed the requirements for the Sexual Assault Nurse Examiner, or by an LPN Nurse who has demonstrated competency in selected advanced skills [§90-171.42].

The Board is the determining authority to identify those nursing care activities which may be delegated to unlicensed personnel, regardless of title. The Nurse Aide I is educated to perform basic nursing skills and personal care activities. The Nurse Aide II is educated to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition. The Board also establishes Medication Aide training program requirements to support safe medication administration and improve client, resident, and patient outcomes. It establishes standards for faculty and applicant requirements. Medication Aides must hold a NA I certificate in order to satisfy requirements for the Medication Aide certificate and listing on the registry. They are limited to performing only the technical tasks of medication administration in a skilled nursing facility (long term care).

It is important for employers to be knowledgeable of and to differentiate between the Board approved program and the Division of Health Services Regulation (DHSR) Medication Aide program (separate from the Board). The entry level education for the DHSR program is a high school diploma however some NAs may elect to complete the program. Upon successful completion of this DHSR program, the Medication Aide is limited to performing tasks in an Assisted Living facility.

Because there is variation in education and training requirements between the Board and the DHSR programs, NAs completing one may not cross-over and work as a Medication Aide with the other client population.

Licensure & Listing: The Board requires initial entry to licensed practice through standard examination (NCLEX) [§90-171.30]. Foreign graduates or graduates from other jurisdictions who have not completed the NCLEX may be considered for endorsement to NC when there is verification that requirements of the pre-licensure program were deemed to be equivalent to those required of NC and that in the opinion of the Board, the applicant is able to meet the minimum standards set forth in the NPA. Applicants for licensure are required to submit a criminal background check which is reviewed prior to issuance of the initial license [§90-171.48].

Following initial licensure, the Board requires a nurse to renew the license every two years (birth month). At the time of renewal the licensee attests to meeting minimum continuing competency requirements and reports any adverse incidents, including criminal charges or convictions which may have occurred since the date of last renewal.

Employers are required to verify the license or listing of a prospective new nurse or Nurse Aide II employee using the Board's licensure verification system through www.ncbon.com. Further, the employer maintains ongoing accountability for assuring that each licensed or listed employee remains in current, active status throughout employment [§90-171.30].

DHSR has primary responsibility for "listing" of the Nurse Aide I (NA I) and Medication Aides (MA) on the respective registries. NA Is and Medication Aides are not licensed, rather they hold a certificate. Medication Aides are "listed" on both the Nurse Aide Registry as NA Is and the Medication Aide Registry with DHSR. The role of the Medication Aide is limited to long term care where they are supervised by a licensed nurse in performance of their duties.

The NPA provides for a Nurse Aide II (NA II) option. Current NA Is completing a specific training program can be "listed" as NA II with the Board. The Board approves listed NA IIs to perform specific

tasks beyond those skills approved in the basic NA I training program. Jurisdiction over NA disciplinary issues can be confusing. The responsibility for all disciplinary action and jurisdiction in all matters related to NAs (I and II) is addressed under the NA I listing status by DHSR rather than under the NA II listing status by the Board.

Helpful hints: It is the responsibility of every licensee to maintain a current address with the Board and to renew the license prior to its expiration. A nurse is in violation of the NPA by practicing without a valid license. The license expires the last day of the birth month every 2 years. While the licensee has until the last day of the month to complete the application, renewal will be delayed IF the licensee is audited or IF the application is incomplete. There is no grace period. Licensure Renewal on the Board's web site is under the tab: Licensure & Listing

Likewise, it is the responsibility of every NA II to maintain a current address and to re-list (vs renew) as a NA II (with the Board) and NA I (with DHSR).

Employers may wish to explore information on the Employer Notification System, (ENS) through the Board's web site under the tab: Verify a License. This subscription service automatically provides the employer with real-time, up to date information and verification on the current status of the licensed RNs, LPNs, and Advanced Practice Registered Nurses (APRN) and of the listed NA IIs employed in their agency.

Practice:

The Board, provides staff consultative services and education to nurses, employers, physicians, and others making an inquiry regarding clinical practice issues or interpretation of the law and rules as they relate to the RN (including the APRN) or LPN scope of practice. The staff remains abreast of research and evolving nursing practice trends locally and nationally. A myriad of tools are available to licensees and employers in guiding practice. These tools, grounded in best practice, laws, and rules include information on the



License Verification



Name: Jane Doe
License #: 123456789
Nurse Type: RN Permanent License
Confirmation #: 123ABC123

LICENSE STATUS



- No license due to discipline **OR**
- Chemical Dependency Discipline Program **OR**
- Probationary Conditions **OR**
- Under Investigation

Charges/Discipline Against License/Privilege: YES

CHARGES/DISCIPLINE INFORMATION FOR THIS LICENSE/PRIVILEGE

Effective November 2006, the NC Board of Nursing began displaying public documents for charges and/or disciplinary actions taken against a license. For public documents prior to November 2006 for this licensee, please call (919) 782-3211 ext. 273, during normal business hours.

[Click here to display available public documents](#)

Screen View 1

scope of practice for the RN, APRN, and LPN, Delegation Decision Trees, Position Statements, and Joint Statements. A list of frequently asked questions (FAQs) is also available and is a helpful adjunct to the published materials.

Helpful hint: Decision Trees, Position Statements, Joint Statements and FAQ's are available on Board's website and found under the tab: Nursing Practice

Discipline:

“Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or who has reasonable cause to suspect that any person is in violation of this Article... shall report the relevant facts to the Board...Any person making a report pursuant to this sections shall be immune for any criminal prosecution or civil liability resulting therefrom unless such person knew the report was false or acted in reckless disregard of whether the report was false” [§90-171.47].

Use of the Board's Complaint Evaluation Tool (CET) is recommended in determining whether an incident is a reportable

event. Board staff practice consultants are available to assist the employer in making the appropriate determination. Can the event be classified as normal human error? Is it indicative of unintentional risk-taking behavior? Could it be intentional risk-taking behavior? Or, is it deemed reckless behavior? The answers will determine reportable events from those able to be managed at an organizational level. In some cases, after consultation, the employer and the Board consultant reach an opinion that the most appropriate resolution in a matter is determined to be the licensee's completion of a Practitioner Remediation Enhancement Program (PREP), a non-disciplinary resolution in a particular matter designed to address an issue with a licensee before it becomes a violation of the NPA and a reportable event. It should be noted that incidents related to confidentiality, fraud, theft, drug abuse, impairment on duty, drug diversion, failed drug screen, boundary issues, sexual misconduct, and mental/physical impairment are not appropriate for evaluation using the CET. These events/

issues are conduct and health-related issues, not practice incidents or events, and they MUST be reported to the Board. All complaints received are reviewed and analyzed. Board staff investigators conduct inquiries into reports submitted from the public, patients, employers, healthcare organizations, law enforcement or from other states alleging a violation of the NPA. If, following initial review of a complaint, there is information suggesting a potential violation of the NPA, a formal investigation is initiated. Investigators evaluate the infraction and assess the level of the licensee's culpability in the matter and the risk to the public as a result of the reported behavior.

The Board has the power and authority to take action on a license when it determines that there is evidence that the nurse is in violation of the NPA [§90-171.37]. The licensee is advised of their rights at the onset of an investigation and informed that reaching a resolution in the matter could take up to 4 to 6 months. In general, while a nurse is under investigation, the license remains active although it is flagged to denote the investigation is underway (see licensure verification screen view 1). Prior

to action against the license, the nurse is granted an opportunity to be interviewed and to review the evidence in the matter. The role of the investigator is to establish the facts in the case. They are authorized, after consultation with a Board staff attorney, to communicate with the licensee and offer resolutions when it has been determined that the incident reported constitutes a violation. Options for resolution may be disciplinary and published or non-disciplinary and non-published. In situations where there is published discipline, including a request to voluntarily surrender during or immediately following an investigation; the license has a permanent flag displayed when the license is verified through the Board's license verification system. Documents related to the violation and subsequent action are also published on the website (see screen view 1) and all public documents should be reviewed by the prospective employer (note arrow in screen shot pointing to "click here to display available public documents").

This sample screen view 1 depicts a "caution flag" which is displayed on the license of a nurse whose license is suspended; encumbered in a drug monitoring program or probation; or who may be under investigation. Public documents related to Board action are viewed by clicking the link in "Charges/Discipline Information for this License/Privilege".

Following loss of a license through voluntary surrender or suspension for a disciplinary matter, the nurse is required to petition the Board for reinstatement, a process which requires documented evidence to support that he/she is safe to return to practice. It should be noted that a nurse may not request to "retire" the license or "lapse" the license while there is a matter under investigation with the Board. At the conclusion of an investigation, if it is determined that there is no evidence to substantiate the allegation, the case is closed. On the other hand, if the outcome of the investigation results in disciplinary action, the Board reports such action federally to the National Council of State Boards of Nursing (NCSBN); the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG), and at the state level to the DHSR. It should be noted that with disciplinary action on the



license, any continuing nursing education may be disrupted or delayed until the matter has been resolved. Consistent with the Board's mission, any and all outcomes of investigations are thoughtfully processed with the goal of public safety and quality improvement. Once any disciplinary action taken by the Board has been resolved, the caution flag on the verification system will be removed. The system will continue to reflect that there has been prior disciplinary action and all public documents related to the action will continue to be available to any person or entity verifying the license.

Some criminal convictions may result in action against the nursing license. [§90-171.48 (a)(1)(2)]. Driving While Impaired (DWI) is the most commonly reported conviction. At the time of license renewal, nurses are required to report any criminal convictions (felony or misdemeanor) and any pending criminal charges that have not been previously reported to the Board. Failure to disclose this information or falsely answering the questions asked is considered falsification of the application for initial licensure or renewal. Pre-licensure convictions may result in denial of licensure until the applicant has petitioned the Board and appears before a licensure panel.

Helpful hints: Through its research on the subject, Board staff has developed a Complaint Evaluation Tool (CET)

to assist the nurse leader in evaluating practice events or errors. Staff has also researched and developed an instruction booklet called "Just Culture in Nursing Regulation" (Burhans, Chastain, & George, 2012).

These resources provide valuable education on complaint evaluation and examples of reportable and non-reportable events for licensees and for employers. This booklet and the CET are available at no cost on the Board's website under tab: Discipline and Compliance.

Information on the PREP program is on the Board's website under tab: Discipline and Compliance

Licensee Rights during an investigation and a description of the investigation process are published on the Board's website under tab: Discipline and Compliance.

Information on Charges/Disciplinary Action against a license is available by clicking on the link: "Click here to display available public documents"

Regulatory Monitoring: "The Board is empowered to establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities

and programs for monitoring such nurses for safe practice: establish programs for aiding in the remediation of nurses who experience practice deficiencies [§90-171.23 (b)(18)(a)].

When the Board has determined that a licensee is in violation of the NPA, appropriate measures are employed to enhance competency and quality of nursing practice as they relate to the mission of public protection. Many of these measures require close monitoring of the licensee through a Disciplinary or Non-Disciplinary Consent Order. Nurses diagnosed with a substance use disorder/chemical dependence are typically monitored by Regulatory Compliance monitoring staff for a period of 3 years of employment. Some nurses in violation of the NPA may require monitoring for a period of 1 year of employment. Yet, others may simply be required to complete mandatory training/education program and show evidence of satisfactory completion of the program. Regulatory Compliance monitoring staff is assigned to engage the licensee at the time they enter into an agreement with the Board and until such time as the conditions of the Order are satisfied. The Regulatory Compliance monitor serves as the interface between the licensee, the employer and the Board and serves as the primary contact for both the licensee and the employer for the duration of the period of the Order.

Helpful hint: The National Council of State Boards of Nursing has resources available on Substance Use Disorders in Nursing; www.ncssbn.org

The public places its trust and confidence in professional regulatory boards, and as such deserves assurance that the standards established to assure their safety, well-being, and health are upheld. The citizens of North Carolina can be assured that in the execution of their fiduciary responsibilities, Board members avoid conflicts of interest and effectively serve in the interest of the public. From establishing nursing education standards, setting minimum standards of competence, and regulating professional practice, through enforcement of the NPA and Rules, all functions, duties and

actions taken by the Board are done so with this mission in mind.

References

1. Benton, D., Gonzales-Jurado, M., Beneit-Montesinos, J. (2013). A typology of professional nurse regulatory models and their administration. *Journal of Nursing Regulation*, 4(2) 22-29.
2. Burhans, L.D., Chastain, K., George, J.K. (2012). Just culture and nursing regulation: Learning to improve patient safety. *Journal of Nursing Regulation*, 2(4) 43-49.
3. Brous, E. (2012). Common misconceptions about professional licensure. *American Journal of Nursing*, 112 (10) 55-59.
4. Brous, E. (2012). Professional Licensure: Investigation and disciplinary action. *American Journal of Nursing*, 112 (11) 53-60.
5. Harris, C. T. (2013). Implementation and Evaluation of the North Carolina board of Nursing's complaint evaluation tool. *Journal of Nursing Regulation*, 4(2) 43-48.
6. Brous, E. (2012). Professional licensure protection strategies. *American Journal of Nursing*, 112 (12) 43-47.
7. Matthes, A. (2014). Uh oh, the board of nursing called: Complaint reporting and resolution. *NC Board of Nursing: Nursing Bulletin*. 10, 10-16.
8. National Council of State Boards of Nursing (2011). What you need to know about nursing licensure and boards of nursing. [Brochure] Chicago, IL: Author.
9. NCBON Just Culture in Nursing Regulation Complaint Evaluation Tool (CET) Instruction Booklet. Retrieved from www.ncbon.com on September 5, 2014.
10. Russell, K.A. (2012). Nursing practice acts guide and govern nursing practice. *Journal of Nursing Regulation*, 3(3) 36-40.

EARN CE CREDIT

“Getting to Know your Licensing Board: the North Carolina Board of Nursing at a Glance”

INSTRUCTIONS

- Read the article and on-line reference documents (if applicable). There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over “Nursing Education”; under “Continuing Education” select “Board Sponsored Bulletin Offerings”, scroll down to the link, “Getting to know your Licensing Board: the North Carolina Board of Nursing at a Glance.” Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 1.0 contact hours for this continuing nursing education activity.

The North Carolina Board of Nursing is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CNE Contact Hour Activity Disclosure Statement

The following disclosure applies to the NCBON continuing nursing education article entitled “Getting to know your Licensing Board: the North Carolina Board of Nursing at a Glance.”

Participants must read the CE article and online reference documents (if applicable) in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of educational objectives and content of the article. There is no endorsement of any product by NCNA or ANCC associated with the article. No article information relates to products governed by the Food and Drug Administration.