



Nurse Practitioner Advisory Committee Meeting

MEETING MATERIALS

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

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Agenda Item 2.0

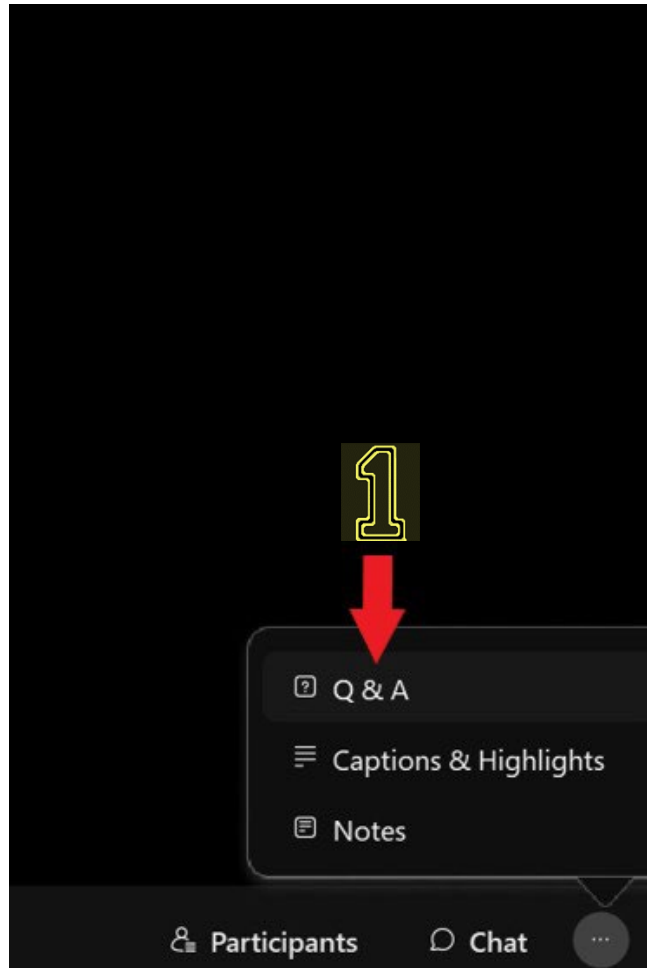
General instructions for the format of a teleconference meeting

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

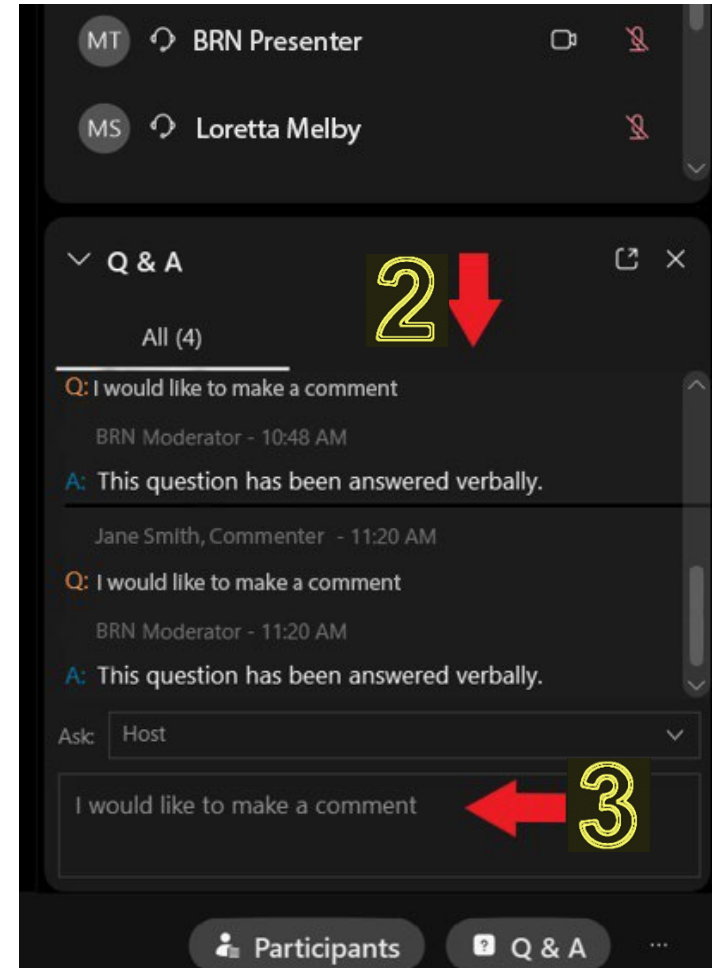
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (**click the 'Unmute me' button**), and you will have **two (2) minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

NOTE: Please submit a new request for each agenda item on which you would like to comment.



Agenda Item 4.0

Review and vote on whether to approve previous meeting's minutes

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

**CALIFORNIA BOARD OF REGISTERED NURSING
NURSE PRACTITIONER ADVISORY COMMITTEE
MEETING MINUTES**

DRAFT

DATE: March 26, 2024

START TIME: 1:00 pm

LOCATION: **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133 (added by Assembly Bill No. 361 (Rivas), Reg. Sess. 2021-2022).

Meeting in Sacramento location.

- 1:00 pm **1.0** **Call to Order/Roll Call/Establishment of a Quorum**
Samantha Gambles Farr – Chair, called the meeting to order at 1:00 pm. Quorum established at 1:02 pm.
- Nurse Practitioner
Advisory Committee
Members:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN,
RNFA – Chair
Edward Ray, MD, FACS - Vice Chair
Andrea Espinosa, MD
Jan Johnson Griffin - MSN, APRN
Kevin Maxwell, PhD, DNP, FNP-BC, RN
Sally Pham, MSN, RN, FNP-BC
Betha Schnelle, MBA, MPH
- BRN Staff
Representatives:** Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs, Attorney
- 1:04 pm **3.0** **Public comment for items not on the agenda; items for future
agendas.**
- Public Comment for
Agenda Item 3.0:** No public comments at any location.
- 1:06 pm **4.0** **Review and vote on whether to approve previous meetings’
minutes**
- 4.1** September 12, 2023
- Discussion:** Samantha Gambles Farr opened the agenda item and requested
any corrections or comments.
- Motion:** **Edward Ray:** Motioned to approve September 12, 2023,
meeting minutes.
- Second:** Jan Johnson Griffin
- Public Comment for
Agenda Item 4.0:** No public comments in any location.

Vote:

Vote	SG	ER	AE	JJG	KM	SP	BS
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

1:10 pm

5.0

Information only: Report from the Board of Registered Nursing's Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020)

Discussion:

Andrea Espinosa: Asked about NPs who haven't practiced for over five years and how they are able to transition.

Loretta Melby: Explained that if NP has not been practicing within the past five years, then they would not be eligible to become a 103 NP as the NP must have current practice with the 4,600 hours to qualify for the 103 NP.

Samantha Gambles Farr: Asked what the bill number is for the legacy certifications.

Loretta Melby: Requested Marissa Clark to be elevated so that she can confirm the bill number.

Marissa Clark: Explained that it's Senate Bill 1451 by Ashby.

Loretta Melby: Explained that haven't been a lot of applicants for the 103 NP, which was surprising. There are 38,597 NPs in California and 4,216 applications have been submitted for the 103 NP. She stated that there may be NPs who are not aware there is a process and may not have applied. She further explained that barriers could be that the 4,600 hours must be completed in California after licensure and cannot be done in another state and/or the hours must be in the national certification practice area. She provided the following statistics:

- 4,216 applications received
- 1,603 applications approved
- 578 applications pending
- 41 applications pending provider attestation
- No applications have expired (happens after one year without action)
- 2,035 applications have been withdrawn
- 455 had issues with national certification
- 855 withdrawn due to provider attestation
- 531 multiple applications submitted
- 294 applications with other issues

She explained that anyone with a withdrawn application can reapply.

Andrea Espinosa: Explained that she thinks a barrier would be physician attestation. She said they are concerned with NPs that work in family medicine that are badly needed as well as geriatric. She spoke about a NP working with an orthopedic physician who may not be eligible to practice as a family NP.

Loretta Melby: Explained that a NP who has not been practicing as a family NP, in a more specialized practice, may not be competent to work as a family NP. The attestation is a statement of completion not competency.

Samantha Gambles Farr: Stated that the true spirit of this bill is access to care. She said the most qualified NPs are adult NPs which are considered legacy NPs and do not qualify for 103. She wanted the bill mentioned so the public can follow along.

Loretta Melby: Explained that the issue is the legacy certifications no longer have an exam that can be reviewed. The bill language is to make an exception for certifications obtained prior to 2017 but the legacy certifications are no longer offered, and the population will dwindle going forward.

1:39 pm

**Public Comment for
Agenda Item 5.0:**

Cynthia Jovanov: She appreciates the conversation about the legacy certifications. She said SB 1451 addresses the issue and that the bill will be moving swiftly. She further stated that the NPAC may want to consider meeting more often, so BRN does not overreach without NPAC having discussion and insight regarding this.

Sharon Logan: Stated that a discussion was had with hospitals who has an issue on their CV but there are no official complaints. She asked what hospitals are thinking since they have no authority to decide and requested more clarification.

Loretta Melby: Stated she receives outreach through many avenues, such as email, phone calls, staff and website. If anyone asks a question about licensees about whether to file a complaint, then she provides the complaint process so a proper investigation can be done to determine what is going on and whether any action should be taken.

Sharon Logan: Explained that the 11 percent of NPs applying, and others may be waiting for the process to smooth out. She asked if BRN will be queuing up the legacy applications when this is resolved so they can be approved right away.

Loretta Melby: Explained that those applications have withdrawn. She further stated that BRN is working with DCA to move forward when it is approved.

Mechelle: Asked if the application has been withdrawn would a new application be needed. She said her certification wasn't received and was told her application was withdrawn.

Loretta Melby: Stated that a deficiency is issued if the application is not complete. She further explained that if there is an issue you can reach out to the Chief of Licensing whose information is listed on the BRN's website.

Kathy Hughes, SEIU Nurse Alliance: Stated that she is confused about the rumors of complaints being discussed. She asked if hospitals complaining that 103s are not qualified and, if so, the hospital should then file a complaint against the NP who would have to defend it or if the concern is that the BRN approved them to be a 103 but the employer doesn't believe it's accurate.

Loretta Melby: Explained about Operation Nightingale out of Florida where fake diplomas and transcripts were issued. They then went on to pursue an advanced degree for advanced practice to a 103 NP. They should not have been approved as a 103 NP since they did not qualify as a RN which is the basis to advance.

Kathy Hughes, SEIU Nurse Alliance: Asked if all three licenses (103 NP, NP, RN) could be taken away.

Loretta Melby: Stated yes but clarified that it would depend on the circumstances of the situation. She further explained the various enforcement outcomes that could occur.

Lisa Erickson: Stated that she has been receiving questions from physicians about attestations and legal liability if something should happen to the NP in the future. She further stated that it is causing hesitancy for them to sign.

Loretta Melby: Explained that BRN met with the California Medical Association and other groups to explain that the attestation is not a competency attestation. The physician is attesting that the necessary hours have been completed to meet the licensing requirements and there should not be concern unless the signature was obtained maliciously or fraudulently because they signed off without seeing the NP practice.

Reza Pejuhesh: Clarified that said the physician is not guaranteeing patient safety if they sign the form; however, anyone can sue someone for anything and the BRN cannot guarantee a suit will not be filed against a physician. He further stated that he does not see any real grounds for liability but if someone is litigious a suit can still be filed.

Discussion and possible action: Report of the NPAC's Discipline subcommittee on trends and enforcement issues with final dispositions of disciplinary cases against nurse practitioners (NP)

Discussion:

Samantha Gambles Farr presented this agenda item and explained the enforcement data in the materials as it pertains to previous discipline involving a NP.

Andrea Espinosa: Stated that she thought the NPAC was going to look at disciplinary trends as it pertains to 103 NPs.

Samantha Gambles Farr: Explained that the 103 NPs went live on January 18, 2023, and today there are only 1,600 active 103 NPs. She further explained that because the RN is the primary license that could be disciplined initially the only time you would know about the 103 NP is during the disciplinary phase of an investigation.

Shannon Johnson: Explained that the average time to complete an investigation is 270 days. Records need to be obtained and reviewed by an expert which takes another 20-30 days and if a case goes to a hearing it is within 6-9 months, so it takes a year and a half or more, and a total of 640 days to complete the process. She stated that it will take time before information can be reported.

Andrea Espinosa: Asked if NPAC should go through this information when it isn't related to AB 890 as it might it take several years before trends are available.

Samantha Gambles Farr: Stated that she thinks this data should be reviewed quarterly to keep an eye on things as the 103s transition to 104 NPs.

Loretta Melby: Stated that NPAC is not specific to AB 890 and 103 NPs. The committee is for all NPs and matters that pertain to them include but is not limited to education, appropriate standard of care, and other matters specified by the Board. The committee shall provide recommendations or guidance to the board when the board considers disciplinary action against NPs. She further stated that the subcommittee can meet as often as they like to get data and conduct various inquiries to look at trends.

Andrea Espinosa: Appreciated the reminders and how the committee does their job going forward.

Samantha Gambles Farr: Stated that she also does not want it to look like the committee is targeting one type of NP.

Sally Pham: Asked if 7,000 complaints come in each month or is it 700.

Shannon Johnson: Clarified that it is 7,000 each year and that it does not consider applicant complaints. She explained that a few years back there was a serial complainer who filed hundreds of complaints that impacts the numbers. She said about 80 cases per month are referred to the AG's office which is about 10 percent.

Loretta Melby: Explained the variety of complaints received.

Betha Schnelle: Stated that she doesn't feel the data shows trends of a full disciplinary action and all the data for all RNs. She further stated that feels uninformed if she doesn't see the patterns for all cases and whether the committee should play any role.

Loretta Melby: Explained that the data is only for NPs which is relevant to this committee and that all data is reported to the Board.

Samantha Gambles Farr: Stated that they'll work together to look at various data to see if there are trends and equivocal reporting with the midwifery committee.

2:43 p.m.

**Public Comment for
Agenda Item 6.0:**

Sharon Vogan, FNP from Oakland: Asked how many NPs are represented in the data presented.

Shannon Johnson: Stated that the date is only NPs and clarified that when there are multiple complaints filed against a NP they are combined. She further stated that a Voluntary Surrender is not a separate violation which is why it is broken out and if the surrender is done in a different year than disciplined it is counted separately.

Reza Pejuhesh: Clarified Voluntary Surrender during Probation and said that should be subtracted from the total number.

Kathy Hughes, SEIU Nurse Alliance: Asked what a Public Repeval is.

Shannon Johnson: Stated that it's the lowest form of formal discipline and went on to describe the various enforcement outcomes.

Reza Pejuhesh: Stated the Public Repeval is authorized under Business and Professions Code section 495.

3:00 pm

7.0

Discussion and possible action: Regarding input from NPAC on possible changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a NP

Discussion:

Samantha Gambles Farr introduced this agenda item and turned the agenda item over to Marissa Clark who presented the agenda item.

Kevin Maxwell: Stated he thinks it's important that there should not be a financial conflict of interest, so they are independent.

Shannon Johnson: Explained that there are attestations that include a statement about family or financial relationships.

Marissa Clark: Stated that this came up during NMAC and she explained the issue with being able to hire someone to monitor an APRN during probation.

Samantha Gambles Farr: Asked how this is paid for now, it is by the employer.

Loretta Melby: Explained that when an APRN is disciplined they have to have supervision at the same or higher level of practice, and this is an issue for those in a solo practice and how they can manage it.

Andrea Espinosa: Stated that she has been asked to supervise a physician for Medical Board probation and the cost is the responsibility of the respondent. She further stated that she was asked if she knows the person, related to the person, goes on vacation, etc. and that she had to sign off on a document.

Sally Pham: Asked how a 104 NP would be supervised and what the cost would be. She stated that it would be hard to find someone to volunteer to supervise.

Loretta Melby: Asked Andrea Espinosa if she volunteered to do this.

Andrea Espinosa: Stated she volunteered but if payment was needed the respondent would be required to pay.

Jan Johnson Griffin: Asked about person-to-person communication and requested clarification on if it was by telephone, text message, etc.

Loretta Melby: Stated that said some nurses are approved for home health and they can do a phone check in or by zoom or facetime and that there can be spot checks where someone

shows up in person. She further stated that there is a minimum of two check-ins per shift and that if an in person is desired then that could be added. She explained that if it is this prescriptive it could be a barrier to employment.

Jan Johnson Griffin: Asked if this is a step down in supervision over say one month from maximum to minimum.

Loretta Melby: Explained the various lengths of probation and the employment approval process. She further explained that NMAC approved the language with amendments as discussed by Marissa Clark and they asked for the language to return for further input. She further explained that when the language is updated or amended it will be brought back to NPAC for consideration and then presented to the Board to pursue the changes.

Motion: **Samantha Gambles Farr:** Motioned to accept the proposed draft for NPAC with the stipulation it be returned to NPAC for consideration.

Second: Edward Ray

3:30 pm **Public Comment for Agenda Item 7.0:** No public comments.

Vote:

	SG	ER	AE	JJG	KM	SP	BS
Vote	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motioned Passed

3:31 pm **8.0** **Adjournment:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA - Chair, adjourned the meeting at 3:32 pm.

Submitted by:

Approved by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

**Samantha Gambles Farr, RN, MSN,
FNP-C, CCRN, RNFA**

Chair
Nurse Practitioner Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Discussion and possible action: Report from the Board of Registered Nursing's Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020)

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: September 24, 2024

ACTION REQUESTED: **Discussion and possible action:** Report from the Board of Registered Nursing's Executive Officer regarding the implementation of Assembly Bill (AB) 890 (Reg. Sess. 2019-2020)

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities regarding the implementation of AB 890 to NPAC members.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

Discussion and Possible Action: Regarding meeting dates for 2025

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0

DATE: September 24, 2024

ACTION REQUESTED: **Discussion and Possible Action:** Regarding meeting dates for 2025.

REQUESTED BY: Loretta Melby, MSN, RN
Executive Officer

BACKGROUND:

The NPAC will meet twice per year. Meetings will be open to the public and adhere to the Bagley Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

BRN Board, Committee, and Advisory Committee Meetings in 2025

January 16, 2025	Advisory Committees Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
January 22, 2025	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
February 26-27, 2025	Board Meeting
March 5, 2025	Advisory Committee Nursing Education and Workforce Advisory Committee (NEWAC)
March 18, 2025	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
April 23, 2025	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
May 21-22, 2025	Board Meeting
June 2025	No Scheduled Meetings
July 10, 2025	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
August 14, 2025	Advisory Committees Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
August 20-21, 2025	Board Meeting
September 10, 2025	Advisory Committee Nursing Education and Workforce Advisory Committee (NEWAC)
September 23, 2025	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
October 22, 2025	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
November 19-20, 2025	Board Meeting
December 2025	No Scheduled Meetings



Agenda Item 7.0

Information only: Overview of Senate Bill (SB) 1451 (Ashby) Professions and vocations.

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0

DATE: September 24, 2024

ACTION REQUESTED: **Information only:** Overview of Senate Bill (SB) 1451 (Ashby)
Professions and vocations.

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide an overview of [SB 1451, Professions and Vocations](#).

RESOURCES:

SB 1451: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1451

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

Discussion and possible action: Regarding discussion of the following subcommittees: 2837.101 Transition to Practice; 2837.104; and Discipline

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

**BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 8.0
DATE: September 24, 2024

ACTION REQUESTED: **Discussion and possible action:** Regarding discussion of the following subcommittees: 2837.101 Transition to Practice; 2837.104; and Discipline

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

The three NPAC subcommittees will provide updates on work conducted and discuss the following subcommittees:

- 2837.101 Transition to Practice
- 2837.104
- Discipline

Additionally, the members of the Discipline subcommittee will provide updates on the work conducted and any trends/issues with final dispositions of disciplinary cases against NPs. Discipline data for the past five (5) years are included in the two charts below:

Nurse Practitioner (NP) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024 (as of 8/31/24)
Public Repeval	13	11	5	10	5	17	10
Probation	14	16	23	30	24	24	24
Surrender	15	19	9	6	7	8	5
Voluntary Surrender during Probation	3	3	3	3	3	6	0
Revocation	5	6	12	8	9	15	10
Reinstatement	1	0	0	0	0	0	0
Total	51	55	52	57	48	70	49

NP Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024 (as of 8/31/24)
Practice	26	27	21	30	17	27	17
801 Practice	7	3	1	7	6	1	3
OSD	8	14	7	3	5	16	9
Conviction	7	6	12	6	7	13	13
SUD	3	4	5	4	3	3	2
Sexual Misconduct	0	0	0	2	3	1	1
Other	0	1	6	5	7	9	4
Total	51	55	52	57	48	70	49

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

NEXT STEPS:

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 9.0

Information only: Overview of the Med Spa/IV Hydration Taskforce and investigations alleging negligent intravenous hydration and/or therapy

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BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0

DATE: September 24, 2024

ACTION REQUESTED: **Information only:** Overview of the Med Spa/IV Hydration Taskforce and investigations alleging negligent intravenous hydration and/or therapy

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide an overview of the Med Spa/IV Hydration Taskforce and investigations alleging negligent intravenous hydration and/or therapy.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 10.0

Discussion and possible action: Regarding input from NPAC on possible changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a NP

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 24, 2024

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
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AGENDA ITEM: 10.0

DATE: September 24, 2024

ACTION REQUESTED: **Discussion and possible action:** Regarding input from NPAC on possible changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a NP

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

The NPAC members will review the proposed regulation text to update Probation Condition #8 under the “Introductory Language and Standard Probation Conditions” section of the current [Disciplinary Guidelines](#) document.

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

[https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

§ 1444.5. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (10/02), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation--for example: the presence of mitigating factors; the age of the case; evidentiary problems.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

Nursing Practice Act - Business and Professions Code (BPC), Division 2, Chapter 6:
https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=&article=&nodetreepath=4

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2837.102.

BPC 2837.102(a):

(a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board. The committee shall provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner.

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Probation Condition #8 – Supervision

(8) SUPERVISION - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each workday. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each workday. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(e) Independent Practitioner - If the Respondent is certified by the Board as an advanced practice registered nurse and authorized to practice without standardized procedures in an independent setting, the Board shall require the respondent, during probation, to establish a practice setting where a Board-approved advanced practice registered nurse or physician and surgeon can provide supervision to the Respondent. The Respondent shall not resume practice in an independent setting until the Board provides written approval of the proposed supervisor and plan of supervision.

Within sixty (60) calendar days of the effective date of the Decision and Order, Respondent shall submit to the Board, for its approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which Respondent would be supervised.

The Board shall advise Respondent within thirty (30) calendar days whether or not the proposed supervisor and plan of supervision are approved. Respondent shall not practice nursing until receiving approval by the Board of Respondent's choice of a supervisor and plan of supervision.

The plan of supervision shall be [(direct and require the physical presence of the supervising provider in the office during the time direct patient care is provided.)] [(general and not require the physical presence of the supervising provider during the

time direct patient care is provided but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits at the office or place of practice]). Additionally, the supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies.

Each proposed supervisor shall submit written reports to the Board on a regular basis (i.e. monthly or quarterly) verifying that supervision has taken place as required and include an evaluation of Respondent's performance. It shall be Respondent's responsibility to ensure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and shall be trained in the same specialty or content area as the Respondent.

The supervisor shall not have a prior, current business, or close personal or familial relationship with the Respondent. The supervisor shall not have been subject to any prior disciplinary action by their licensing Board. An administrative citation and fine does not constitute discipline and, therefore, in and of itself is not a reason to deny an individual as a supervisor.

If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. The Respondent must notify the Board, in writing, within seventy-two (72) hours of all supervision changes. All costs of the supervision shall be borne by Respondent.