University System of Georgia’s

Nursing Education Expansion Plan

Approved by:

USG Health Professions Advisory Committee
November 18, 2009

Submitted by:

USG Nursing Education Task Force
September 22, 2009
Introduction

The purpose of the University System of Georgia Nursing Education Expansion Plan (NEEP) is to meet the healthcare needs of Georgia residents through preparation of the nursing workforce at entry, continuing competency, and graduate levels for direct practice, education, research, and administration. An adequate supply of registered nurses is essential to achieving quality, accessible healthcare for the people. Shortfall projections vary widely; the U.S. Health Resources and Services Administration (HRSA) estimates a nationwide shortfall of over one million registered nurses by 2020.1 More conservative estimates project a shortfall of 340,000 nurses.2 Both figures show the United States is experiencing the worst nursing shortage in 50 years.

Demographics, shifting values and priorities, and technological advances contribute to the shortage across the nation and in Georgia. Faculty shortages, constrained budgets and lack of clinical training placement sites prevent schools from further increasing capacity to admit more nursing students. These factors are stressing the healthcare delivery system, with an expected shortfall of shortfall of 16,400 registered nurses by 2010 in Georgia, growing to 37,700 by 2020.3

The Facts

Workforce:

- Georgia ranks 42nd among the states in the supply of registered nurses.4
- As of April 2008, the Georgia Board of Nursing indicates there are over 107,000 registered nurses in Georgia.
- In March 2004, HRSA estimated that approximately 84.3% (66,512) of RNs are employed in the state, with 77.2% (51,322) of those employed full-time in nursing and 22.8% (15,175) employed part-time.
- Georgia hospitals and nursing homes report vacancy rates for nurses as high as 15%, at or above national rates.5

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1 U.S. Department of Health and Human Services, What is Behind HRSA’s Projected Supply, Demand, and Shortage of Registered Nurses, September 2004.
5 Georgia Hospital Association, 2006 Georgia Hospital Association Workforce Report.
Of the RNs employed in Georgia, the National Sample Survey of Registered Nurses estimated that 12.7% earned a diploma, 36.6% earned an ASN, 36.4% earned a BSN, and 12.2% were Masters or Doctorate-prepared.6

Educational Capacity:
- In the 2006-2007 academic year, University System of Georgia (USG) institutions graduated 1,8667 pre-licensure students and the Technical College System of Georgia (TCSG) graduated 184 associate degree pre-licensure students. This rate of production would yield only 10,250 additional nurses by 2012, using the optimistic assumption that all of these graduates would pass the licensure examination, stay in Georgia, and practice on a full-time basis.
- USG and TCSG programs collectively reported more than 4,000 qualified nursing program applicants (for associate and bachelor’s degree nursing programs) who could not be enrolled in summer and fall 2006 due to facility and faculty constraints. (Some of these applications may be counted more than once due to applying to more than one institution.)
- The National League for Nursing reported that between 2002 and 2003 in Georgia, 57% of nursing graduates earned a BSN, while 43% of nursing graduates earned an ASN degree.8

The Economic Impact of Nurses on Georgia

The Health Resources and Services Administration estimates that in 2004, there were over 66,512 registered nurses employed either full- or part-time in nursing in Georgia, with a full-time equivalent (FTE) of nearly 60,000 nurses.9 According to the Bureau of Labor Statistics, in May 2007, the average annual wage of a registered nurse in Georgia was $57,350.10 For every RN produced that enters the Georgia workforce, that nurse would produce $3,441 in Georgia income tax revenue. The 60,000 FTE RNs estimated to be working in Georgia in 2004 produce over $3.44 billion in annual payroll and $206 million each year in state income taxes to the Georgia economy.

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7 This number was revised on August 14, 2008 from 1,911 to reflect 45 RN-BSN students who were previously counted as pre-licensure BSN graduates.
8 National League for Nursing, Nursing Data Review Academic Year 2003
Addressing HRSA’s projected shortage of 32,000 nurses in Georgia by 2020 would generate an additional annual payroll of $1.84 billion and an estimated $110 million additional each year in state income taxes to the Georgia economy. Taken together, if Georgia’s needs of 80,000 FTE nurses in Georgia were met by 2020, the state would realize over $4.58 billion in annual payroll and over $275 million in state income taxes. These figures do not include the additional taxes local and state government would receive from sales taxes and property taxes on the nurses’ income. Further, these figures do not account for economic multiplier effects on the nurses’ employment that results in induced and indirect employment of others in the economy.

**Goals of the University System of Georgia Nursing Education Expansion Plan (NEEP)**

1. Increase the number of USG-prepared registered nurses.
2. Increase the number of USG nursing faculty members.
3. Support voluntary collaboration among USG nursing programs.
4. Increase the educational level of the Georgia nursing workforce.
5. Create a more diverse nursing workforce for Georgia.
6. Strengthen nursing education through external partnerships.

**The Nursing Education Expansion Plan**

**Goal 1: Increase the number of USG-prepared registered nurses.**

Objective 1.1: Increase the number of USG pre-licensure nursing graduates to 3,000 annually over 5 years.

- Rationale: Georgia is facing a serious shortage of registered nurses that threatens the quality of healthcare for its citizens. According to the U.S. Department of Health and Human Services, Georgia faces an increasingly widening gap between the supply and demand of RNs. Georgia will need an additional 16,400 RNs by 2010 and 26,300 additional RNs by 2015. The shortage of available RNs will increase to 37,700 by 2020 if the supply of RNs in Georgia does not keep up with the growing demand.11

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**Actions** | **Timeframe**
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1.1.1. Assess current admissions criteria and procedures across USG nursing programs. | 2010
1.1.2. Increase student retention by identifying gatekeeper courses with high failure rates for both pre-nursing and nursing students and develop methods for improving student success in these courses. Develop academic assistance programs for at-risk students. | 2011
1.1.3. Improve graduation rates in nursing programs. Establish baseline graduation rates and identify the most likely barriers to graduation at each campus. Each institution will establish graduation rate targets and improvement plans. | 2011
1.1.4. Identify USG and other resources for use by existing nursing programs/institutions in expanding the capacity to educate nurses. | 

**Objective 1.2: Reach an NCLEX pass rate of 90% on first examination and 95% on second examination.**

- **Rationale:** Increasing the passage rate of students on the NCLEX licensure exam would result in an increase in the number of new RNs for the state.

**Actions** | **Timeframe**
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1.2.1. Encourage use of NCLEX preparation tutorials and practice exams at each institution. | 2009
1.2.2. Support the use of simulation to enhance teaching and learning of complex physiologic and pathophysiologic phenomenon. | 

**Goal 2: Increase the number of USG nursing faculty members.**

**Objective 2.1: Provide 75 new nursing faculty positions within the USG and ensure that all vacant nursing faculty positions are filled.**

- **Rationale:** Survey results from all USG nursing programs in 2006 indicated that there were 51 full-time faculty vacancies for nursing programs. Further, 17 full-time faculty were planning to retire in one year and 60 were planning to retire within five years. If enrollment of nursing students is expected to increase, then additional faculty will be required to teach students according to student:faculty ratios established by the Georgia Board of Nursing.

**Actions** | **Timeframe**
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2.1.1. Investigate potential salary discrepancies between nursing faculty and clinical positions to determine the impact of any gaps. | 2012

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12 Joan Darden and Martha “Beth” Tison, *Survey Data Related to the Nursing Faculty Shortage in Georgia*, Darton College, April 5, 2006.
2.1.2. Develop flexible staffing arrangements for nursing faculties, including:

- part-time appointments
- creative rehiring of retirees
- 12-month contracts
- semester-off flexibility
- sharing of faculty across institutions.

2.1.3. Explore enhancing existing programs and create new programs that support the development of additional nursing faculty.

Objective 2.2: Increase the retention rate of new and existing faculty by fostering a climate of support for faculty. Establish an appropriate metric to be achieved by the year 2013 as soon as baseline data is gathered during 2008.

- Rationale: Turnover among new and existing faculty members exacerbates shortages of nursing faculty. Nursing faculty members leave nursing programs to pursue higher paying positions in clinical practice settings and to pursue opportunities at other educational institutions. Turnover among faculty members leads to a loss of expertise within nursing programs which is expensive to replace through the training of new faculty members.

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<td>2.2.1. Encourage participation in voluntary collaboratives (3.1.1) for resource sharing and community building.</td>
<td>2010</td>
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<td>2.2.2. Meet twice a year with the USG Academic Advisory Committee on Nursing to monitor progress and enlist support for the nursing education expansion plan.</td>
<td>2009</td>
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<td>2.2.3. Improve retention of faculty with USG-wide orientation to nursing education and clinical instruction. Hold an orientation annually for faculty members, face-to-face (estimated cost of $20,000 per year) or through web-based conferencing. Provide online orientation content for year-round hiring needs.</td>
<td>2008</td>
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<td>2.2.4. Facilitate and expand mentoring programs at each institution. Evaluate current level of mentoring, where gaps are, and develop system for mentoring of new deans and directors.</td>
<td>2009</td>
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Goal 3: Support voluntary collaboration among USG nursing programs.

Objective 3.1: Develop voluntary collaboratives for educational material sharing among USG nursing programs.

- Rationale: Collaboration among the USG nursing programs would lead to efficiencies that could then be allocated to priority areas. With nursing programs at 25 USG institutions, each nursing program could choose to participate in collaboratives that met its particular needs in
specific interest areas. Efficiencies would be obtained by pooling resources, rather than each institution working independently on similar goals.

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<tr>
<td>3.1.1. Create voluntary collaboratives at all program levels (ASN, BSN, RN-BSN, Masters, Doctoral) and for special interest areas.</td>
<td>2009</td>
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<td>3.1.2. Pilot a collaborative by identifying selected nursing courses in high-need content areas and jointly creating online learning modules. Develop a pilot that includes common/standardized course admission criteria, fee payment mechanisms, prerequisites, WebCT format/delivery mechanisms, and credit transfer mechanisms.</td>
<td>2010</td>
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<td>3.1.3. Explore the creation of a common online program of studies for RN-BSN education in the USG by 1) conducting a statewide analysis with the NETF and the USG Academic Committee on Nursing; 2) discussing the benefits and obstacles to developing a common program of studies for RN-BSN education, and 3) arriving at a decision regarding program development.</td>
<td>2009</td>
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Objective 3.2: Network all USG nursing programs through communications and teaching/learning technology infrastructure to enable collaboration among all USG nursing programs.

- **Rationale:** Communications and teaching/learning technology infrastructure enable collaboration among organizations in a time efficient manner. Through technology, faculty and students can effectively communicate and work together without the added expenses and time commitments required for travel to partnering institutions. Nursing programs with enhanced capabilities can share their resources with nursing programs at other institutions through effective technology utilization.

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<td>3.2.1. Create connections within the USG for the nursing programs to maximize videoconferencing and other technology capabilities. Implement technology infrastructure such that every institution can reach a majority of students at all USG nursing programs.</td>
<td>2009</td>
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<td>3.2.2. Explore the use of regional simulation centers to enhance instruction, training and learning among USG nursing students and faculty. Examine tested models shown to be successful. Conduct a cost-benefit analysis on the costs of simulation centers over the anticipated benefits and other analyses as warranted.</td>
<td>2010</td>
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Objective 3.3: Develop a voluntary procurement collaborative to reduce costs of group purchases by a minimum of 10% by 2010. Cost savings will be applied to priority demands within each institution’s program.
- Rationale: The 25 USG nursing programs will achieve cost savings by procuring items as a collaborative, rather than individually. Making larger purchases as a group would provide economies of scale in the market for products used regularly and for larger purchases on an infrequent basis.

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<td>3.3.1. Identify high-cost educational and technology items that might be purchased by multiple nursing programs, including equipment and lab supplies. Create a purchase list.</td>
<td>2009</td>
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<td>3.3.2. Develop a pilot model that can be utilized among the nursing programs, including example agreements, and clarification of roles and responsibilities.</td>
<td>2009</td>
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<td>3.3.3. Work with USG purchasing personnel and vendors to negotiate discounted pricing. Secure funding to support purchases.</td>
<td>2010</td>
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Objective 3.4: Identify educational initiative best practices for USG nursing programs, with each program that adopts best practices reporting outcomes annually.

- Rationale: Significant investment has been made by State and Federal grant programs to increase the capacity of nursing programs in Georgia. Sharing what has worked in these grants to address nursing shortages would benefit additional nursing programs beyond those funded by the grant investment. Further, USG institutions would benefit from increased collaboration among the state’s nursing programs.

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<td>3.4.1. Identify best practices by December 2009. Develop a best practices inventory that is posted to the USG Nursing Education Initiative website. Schools voluntarily implement best practices by the 2012-2013 academic year.</td>
<td>2013</td>
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Goal 4: Increase the educational level of the Georgia nursing workforce.

Objective 4.1: Explore additional opportunities for educational advancement for RNs in Georgia. Encourage academic advancement from associate-prepared RNs to baccalaureate levels and from the baccalaureate level to graduate level.

- Rationale: The value of the BSN is well documented and noted research demonstrates the relationship between this level of education and improved patient care outcomes. The expectation for BSN education reflects national calls for increasing the educational preparation of those in healthcare delivery, including the National Advisory Council on Nurse Education and Practice (NACNEP) which has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing by 2010 and the American Organization of Nurse Executives has called for increasing the number of BSN prepared nurses in practice. Vacancies for BSN positions in the state vary
with region and many organizations in the regions outside of the Atlanta area are calling for – but cannot find – more BSN prepared nurses. The American Association of Colleges of Nursing has called for the DNP to be the graduate degree for advanced nursing preparation by 2015, including the four current advanced practice nursing roles.\textsuperscript{13} We at the task force do not believe this is attainable for Georgia at this time but we support the AACN’s concept for DNPs.\textsuperscript{14}

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<td>4.1.1. Encourage educational innovation to address the increasing responsibilities expected of nurses in the workforce. Find ways to prepare nurses to meet these growing demands.</td>
<td>2013</td>
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<td>4.1.2. Maintain existing ASN programs at 2-year institutions. Support conversion of interested ASN programs to BSN programs at 4-year institutions. Use existing statewide strategies to advance RN to BSN progression by ASN-prepared RNs and revise to the statewide articulation plan as indicated.</td>
<td>2013</td>
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<td>4.1.3. Develop one articulation plan for multiple entry pathways for DNP and PhD programs including MSN/APN-to-DNP and for masters-to-DNP, and for masters-to-PhD or doctoral degrees.</td>
<td>2013</td>
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**Goal 5: Create a more diverse nursing workforce for Georgia.**

**Objective 5.1: Increase nursing faculty and workforce diversity targeting a 5% annual increase in the overall percentage of pre-licensure nursing graduates of racial or ethnic minority background and a 3% annual increase in the overall percentage of men entering nursing as a career.**

- Rationale: According to HRSA, one of the ways in which to increase the overall nursing workforce and ease the nursing shortage is to recruit a more diverse student population.\textsuperscript{15} HRSA is supporting a *Workforce Diversity Grants* program, which provides grants to increase opportunities for individuals who are from disadvantaged backgrounds, including students from economically disadvantaged families as well as racial and ethnic minorities underrepresented in the nursing profession. Men and individuals from a diverse sexual orientation also represent key opportunities for recruitment to achieve diversity.

\textsuperscript{13} American Association of Colleges in Nursing. AACN position statement on the practice doctorate in nursing, 2004.  
\textsuperscript{14} In areas where there are shortages of various physician specialties, increases in APNs could alleviate physician shortages.  
\textsuperscript{15} *Georgia Nurse*, Feb-April 2006.
### Actions

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<td>5.1.1. Determine current diversity among faculty at USG nursing programs. Devise faculty recruitment methods based on best practices and replicate across all of the nursing programs in the USG. Develop student recruitment plans to reflect the diverse nature of Georgia, including race, ethnicity, gender, age, and geographic distribution of need in the nursing workforce. Review all USG policies that affect minorities and ensure that practices are in place that do not discriminate.</td>
<td>2009</td>
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<td>5.1.2. Survey local practice providers throughout the state to determine diversity needs in practice settings, and gear recruitment approaches to meet these diversity needs.</td>
<td>2010</td>
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<td>5.1.3. Develop a marketing campaign geared to ethnicities and bilingual needs of the profession in various parts of the state.</td>
<td>2010</td>
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<td>5.1.4. Identity best practices from HRSA, ICAPP, and Nursing Education Initiative grants (3.4.1) to make recommendations for increasing diversity.</td>
<td>2008</td>
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<td>5.1.5. Ensure the majority of current faculty and 100% of new faculty have training in cultural competency with regards to ethnicity, race, and other diversity issues.</td>
<td>2010</td>
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### Objective 5.2

**Objective 5.2 Produce a 5% annual increase in the number of new nursing graduates who practice in underserved areas of the state.**

- **Rationale:** The Southern Regional Education Board (SREB) convened a panel of experts to discuss the nursing shortage and nursing education in the SREB’s 16 southern states and the District of Columbia. This panel noted that the nursing shortage is threatening the safety of hospital patients, with hospitals now encouraging a relative or friend to stay with patients. The report from this meeting, issued in October 2007, noted that “greater attention will be needed to attracting faculty to some community colleges, especially in rural areas” where the need is greatest.

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<td>5.2.1. Identify the underserved areas of the state, and provide resources and incentives (e.g., tax incentives, scholarships, loan servicing) to graduating students to practice in those areas of the state with greatest need. Deploy additional resources to the nursing programs serving those regions of the state in order to produce additional graduates.</td>
<td>2012</td>
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<tr>
<td>5.2.2. Develop programs in cultural competency with regards to populations in rural areas. Ensure that faculty and students serving populations in rural areas receive this training.</td>
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### Goal 6: Strengthen nursing education through external partnerships.

**Objective 6.1.** Provide clinical practice opportunities for all faculty teaching direct nursing practice by developing innovative relationships with traditional hospital, public health, and other clinical settings.
• Rationale: Because it is critically important for nursing faculty to maintain state-of-the-science clinical skills, new opportunities will be needed in the future with local healthcare providers and facilities to partner with nursing schools to enable faculty to refine their clinical skills in order to be able to teach those skills to students.

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<td>6.1.1. Identify all potential relationships including statewide industry associations, providers, healthcare facilities, and nursing centers. Create a plan to build relationships with these entities and assign specific representatives to develop/manage relationships that will lead to clinical practice opportunities.</td>
<td>2008</td>
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<td>6.1.2. Streamline the site identification process through partnership with the AHECs throughout the state.</td>
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Objective 6.2: Increase by 10% annually the number of graduate and undergraduate students participating in nursing faculty practice models.

• Rationale: Academic nursing centers provide students with the opportunity to observe and practice within different models of healthcare delivery.

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<td>6.2.1. Explore the opportunities present in developing academic nursing centers throughout the state and share details of how these can be set up and run effectively.</td>
<td>2010</td>
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<td>6.2.2. Provide financial and operational support to create the appropriate models that will enhance student learning in a financially sustainable academic nursing center.</td>
<td>2011</td>
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Objective 6.3: Establish relationships with potential funders to achieve the nursing education expansion plan’s goals and raise $10,000,000 in private and public funding annually to support the USG education expansion.

• Rationale: Currently, not enough funding exists within the USG to accomplish all of the requirements to address the shortage of nursing faculty, which directly contributes to the ongoing nursing shortage in the state. Seeking private donations, in addition to public funding at the local, state and federal levels, will be necessary to address the goals, objectives and actions outlined in this plan.

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<tr>
<td>6.3.1. Identify potential funding sources at the local, state and federal levels – public and private. Create a plan to build relationships with these potential supporters and assign specific representatives to develop/manage relationships.</td>
<td>2008</td>
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6.3.2. Create a centralized and collaborative grants process for the nursing programs in order to streamline the process, save resources, and gather additional dollars.

Objective 6.4: Develop a partnership with the Department of Defense installations in Georgia and increase the number of former military service member students by 50 per year and encourage former military nurses to become nurse educators.

- Rationale: Those being discharged from the military, who are emerging from medical-related and non-medical-related disciplines in the military, are excellent prospects for a career in nursing, including advanced practice and faculty service. The level of maturity and discipline often displayed by those being discharged is an asset to the profession, and the opportunities offered by a career in entry or advanced nursing practice are often attractive to these people.

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<td>6.4.1. Use the example partnerships already in place in Georgia between nursing programs and the military to develop models for working with potential recruits and support their efforts to apply to Georgia’s nursing programs.</td>
<td>2010</td>
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<tr>
<td>6.4.2. Develop a pathway for discharged military nurses to become nurse educators.</td>
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Appendix A: Charge to the Task Force

The University System of Georgia plays a critical role in nursing education in Georgia. In 2006, USG institutions graduated 1,726 prelicensure students or approximately 79 per cent of the prelicensure graduates in Georgia. In 2007, USG institutions graduated 1,866 prelicensure students, an 8.1% increase from 2006.

In June 2006, the Task Force on Health Professions Education, chaired by Daniel Rahn, MD, MPA, Senior Vice Chancellor for USG Health and Medical Programs and President, Medical College of Georgia, released a final report of its Finding and Recommendations. This report outlined the extent of the health professions shortage in Georgia; the startling statistics revealed in this report prompted action across the USG. In fact, the report noted that the nursing profession was the top priority for the state, deemed to be the “most fragile and in need of attention over the near term.”

In August 2006, Senior Vice Chancellor Dan Rahn appointed the Nurse Education Task Force (NETF) to study the current nurse education infrastructure and make recommendations to address the nursing shortage in Georgia. Task force members represent USG institutions and other key stakeholders. (A complete listing of task force members is in Appendix A.) The Task Force was charged with:

- Verifying appropriate targets to meet projected need for ADN and BSN nurses.
- Recommending objectives to increase the number of qualified graduates at each degree level.
- Recommending new resources needed.
- Recommending ongoing data/information needs to monitor supply and demand of both students and faculty and identify factors contributing to career satisfaction and dissatisfaction of graduates who become nurses and nursing faculty.

The Task Force issued a report at the end of 2007, detailing its work to date. This strategic plan for the University System of Georgia’s nursing programs is the result of further study of the issues facing nursing education within the USG and the task force’s due diligence, which included analysis of the facts regarding nursing in Georgia; assessment and review of what other states’ university systems are doing to respond to the shortage; and a deep knowledge of the current structure, assets, and constraints that face the 25 nursing schools within the USG.

In October of 2007, the charge to the task force was amended to include the following:
• Create and recommend a University System of Georgia Nursing Education Expansion Plan to meet the need for registered nurses in the state of Georgia, taking into consideration the Technical College System of Georgia and private nursing programs. This USG-wide plan is to include the recommended mix of types of new nurses and the recommended increase in the number of new nurses to meet increasing needs for nurses in all types of health systems and facilities (at least 50% by 2010.)

• Additionally, the plan is to recommend an increase in the number of master’s-prepared nurses (advance practice and prelicensure nurses) to meet practice and teaching needs, and an increase in Ph.D.-prepared faculty to meet teaching, practice, and research needs in the state.

• The planning process should include a review of nursing workforce data and change models from other states as well as from Georgia.

• Review nursing program applications to initiate new USG programs and recommend approval or consideration of other methods for achieving the goal of a sufficient and quality nursing workforce for Georgia. The approval process will be congruent with the goals of the USG Nursing Education Expansion Plan.

The plan’s delivery date to University System of Georgia Senior Vice Chancellor Dr. Rahn is May 31, 2008.