

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

**Report to Congress
on
Nursing Faculty and the Intergovernmental
Personnel Act Mobility Program:
The Forum, Findings, and Recommendations**

A New Day for the Civil Service



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
APRIL 2010

Table of Contents

Introduction	1
Background.....	1
Nursing Shortage.....	1
Nurse Faculty Shortage.....	2
IPA Forum for Agency Nursing Representatives.....	5
Forum Participants' Perception of the Nursing and Faculty Shortage.....	5
IPA Mobility Program Usage	6
Barriers and Challenges in Using the IPA Mobility Program to Alleviate the Nursing and Faculty Shortage	8
Recommendations for Increasing the Use of the IPA Mobility Program to Address the Nursing and Faculty Shortage.....	10
Other Programs Addressing the Nursing and Faculty Shortage	12
Next Steps	12
Attachment A: Federal Nurse Populations for Occupation Series 0605, 0610, 0620, and 0621 (Forum Participants).....	14
Attachment B: Forum Agenda (Facilitators Version)	15
Attachment C: Current and Projected Gaps and Surpluses for Nurse Occupation Series 0610, 0620, and 0621	16
Attachment D: Federal Nursing Population for Nurse Occupation Series 0605, 0610, 0620, and 0621	18

This page is intentionally left blank for 2-sided printing

Introduction

The shortage of nursing faculty in the United States is a complex issue that directly impacts the ability of colleges and universities to graduate qualified nurses. Congress has requested information from the Office of Personnel Management (OPM) on how the Intergovernmental Personnel Act (IPA) mobility program is being used to alleviate the nurse and nurse faculty shortage. In response to the congressional request, OPM has

- Researched the adequacy of the supply of nurses and nurse faculty;
- Gathered data about IPA usage and Federal nursing population; and
- Convened a forum of nursing representatives from Federal agencies employing more than 2,000 nurses.

This report includes background research on the nurse and nurse faculty supply and findings from the forum, including agencies' perception of the adequacy of the supply of nurses, current IPA usage, barriers and challenges to using the IPA mobility program, recommendations for increasing use of the IPA mobility program and actions taken by agencies, independent of the IPA mobility program, to increase the number of nurses in training.

Background

Nursing Shortage

The nursing shortage is a multifaceted and expanding problem. It is projected that more than 1 million new and replacement registered nurses (RNs) will be needed by 2016.¹ The demand for nurses is being fueled by (1) the need to replace the growing number of nurses who are reaching retirement age and (2) the growing need for new nurses to care for an increasingly elderly population. Innovations in treatment, preventative care, and new technology have also contributed to increased demand for nurses. What's more, the increased demand is immune to the nation's economic struggles. Despite the recession, the Bureau of Labor Statistics confirms over 544,000 jobs have been added in the healthcare sector since September 2009. The U.S. Office of Personnel Management's (OPM) Central Personnel Data File records over 82,500 nurses employed in the Federal Government. This includes persons in occupational series for nurse, nurse anesthetist, and practical nurse. The Federal agencies with the highest population of nurses include the Departments of Defense, Health and Human Services, and Veterans Affairs. Even with over 82,500 nurses, in the future, the Federal Government expects a severe shortage of nurses.

The current and projected shortage is a result of existing barriers that deter new and replacement nurses from joining the workforce. Healthcare employers, schools and universities, and policymakers have encountered difficulties in:

- **Attracting new nurses** due to increased career options for women and disincentives associated with nursing, such as relatively flat earning power, undesirable hours, inflexible

¹ U.S. Bureau of Labor Statistics

scheduling, mandatory overtime, and lack of mentors/role-models for underrepresented demographics such as males and Hispanics.

- **Enrolling qualified nurse candidates** in accredited schools of nursing due to faculty shortages, budget constraints, and insufficient clinical training space.²
- **Retaining new nurses** due to a lack of work-life balance, high stress levels, emotional exhaustion, and decreased job satisfaction.

In the last decade, initiatives led by healthcare employers and policymakers to increase scholarship and loan repayment options and rebrand the nursing image have led to increases in the number of qualified nursing student candidates. However, accredited schools of nursing have been unable to keep pace and provide the faculty to accommodate more students.

The same factors have affected the Federal Government as an employer as well. OPM responded to the nursing shortage by approving a Governmentwide direct hire authority, which started June 20, 2003. Since June 2003, the Government hired 5,417 nurses under this direct hire authority which included 4,148 series 610 (nurse) and 1,269 series 620 (practical nurse). OPM approved the direct hire authority because the Federal Government was not able to obtain candidates with the appropriate medical skill sets needed to meet hiring demands at some of the Federal agencies that employ nurses, such as the Departments of Defense, Health and Human Services, and Veterans Affairs. This problem remains a concern even though the economic downturn has eased the problem for the short-term.

The demand for nurses will continue as the country's needs stretch from emergency preparedness to natural disasters to supporting our troops. The Department of Defense needs nurses to treat military service members who are being returned daily from Iraq and Afghanistan in need of special medical assistance and attention. Nurses are needed to assist with returning these military service members to either a quality civilian life or military service. Equally challenging was the Federal Government H1N1 flu initiative. This was one of the largest mass-vaccination programs in human history. Nurses were critical to this effort because they could assist with determining how many shots were needed, what the correct dosage should be, and more importantly how to administer the vaccine.

Nurse Faculty Shortage

The nurse faculty shortage is a root cause of the growing nurse shortage. In March 2008, the Council on Physician and Nurse Supply projected at least 30,000 additional nurses have to graduate annually to meet growing healthcare needs. That is a 30% expansion over the current number of annual nurse graduates. One factor limiting the expansion of nursing programs is educational institutions' inability to recruit and retain qualified nursing faculty and clinical instructors. The combination of faculty vacancies and unfilled newly-budgeted faculty positions has resulted in a nationwide faculty shortage. In 2008-2009, U.S. nursing schools turned away over 49,948 qualified applicants.³ A 2006-2007 study conducted by the American Association of Colleges of Nursing

² American Association of College of Nursing (AACN) 2009 Nursing Shortage Fact Sheet

³ Addressing the Nursing Shortage: A Focus on Nurse Faculty. American Association of College of Nursing (AACN)

(AACN) found that almost three quarters (71%) of nursing schools identified faculty shortages as a reason for denying admission to qualified applicants. As further evidence of the critical shortage, an AACN Survey on Vacant Faculty Positions for Academic Year 2009-2010 found the national vacancy rate for schools offering baccalaureate and graduate nursing programs is 6.6% with vacancy rates exceeding 9% in some regions. Of the 554 schools responding, 310 reported vacancies for Academic Year 2009-2010. Within those schools reporting vacancies, the vacancy rate was 9.7% (803 faculty positions left unfilled). Compared to the North Atlantic (9.3%), Southern (9.4%), and Mid-Western (9.8%) regions of the country, the West Coast (10.8%) has the highest faculty vacancy rate.

Factors contributing to the nurse faculty shortage include:

- **Small percentage of nurse workforce with advanced degrees:** Continual developments in medical technology and practice have led to an increasingly complex medical environment. To respond, many leaders in nursing education have called for increased standards in credentialing for nurse faculty, including obtaining a Master's or Doctoral degree. Only 13% of registered nurses have a Master's or Doctoral degree. There are "inherent disincentives in salary and advancement opportunities if they leave their current positions to acquire an advanced degree... nurses are rewarded financially and professionally for their time on the job."⁴ Of the limited percentage of nurses that choose to pursue an advanced degree, the majority are enrolled in clinical practice and nurse practitioner programs that offer higher salaries and more autonomy. Also, despite increased enrollment, graduations from doctoral programs are still below what is needed to meet demand as the majority of vacant nurse faculty positions require a Doctoral level of education.
- **Aging faculty:** The average age of nurse faculty with doctoral degrees is 55 years. For Master's degree-prepared nurse faculty, the average age is 54 years.⁵ According to a 2002 study, the average age of nurse faculty at retirement is 62.5 years.⁶ Though many nurse educators may have delayed retirement due to the economic situation in recent years, a wave of faculty retirements can be expected in the near future.
- **Low salaries compared to clinical roles:** Nursing education programs often lose money for colleges due to the high cost of maintaining clinical laboratories, which limits an institution's willingness to expand or raise faculty salaries. As a result, nurses with advanced degrees are more likely to accept higher paying clinical positions. Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching. According to the American Academy of Nurse Practitioners, the average salary of a nurse practitioner with a Master's degree is \$81,060 compared to the annual average salary of \$69,489 of a nursing faculty member with a Master's degree.⁷

Increasing the supply of nurse educators is critical to producing an adequate nurse workforce and ensuring access to quality healthcare. As such, alleviating the nurse faculty shortage is a national

⁴ Young, Lisa. "But, Who will Teach Them." Nursing Career Ladder Initiative. Spring 2003.

⁵ "2006-2007 Salaries of Instructional and Administrative Nursing Faculty." AACN

⁶ "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation." Nursing Outlook. March/April 2002.

⁷ Addressing the Nursing Shortage: A Focus on Nurse Faculty. AACN

social responsibility that requires collective action from healthcare employers, schools and universities, and government policymakers.

At the Federal level, a number of initiatives are targeted to solve the nurse faculty shortage. Efforts to increase the number of nurse faculty, and increase the pool of RNs, include the Nursing Workforce Development programs under Title VIII of the Public Health Service Act and the Nursing Education, Expansion, and Development (NEED) Act of 2007.

Title VIII Nursing Workforce Development programs provide the largest source of Federal funding for nursing education. Specifically, Advanced Education Nursing Grants and the Nurse Faculty Loan Program help to fund the education of additional nurse faculty. In 2009, there were 149 participating institutions with 1,600 students receiving loan support to become faculty and 796 graduated under the program.⁸

The NEED Act provides capitation and formula grants to nursing schools to be used for hiring or retaining current faculty, purchasing educational equipment, enhancing clinical laboratories, repairing and expanding infrastructure, and recruiting students. However, according to AACN, "these programs and additional funds have helped expand the nursing education pipeline; but it is just not enough."⁹ The NEED Act allows graduate nursing programs \$1,800 per year for each Master's or Doctoral nursing student for a maximum of two years per Master's student, and four years per Doctoral student.¹⁰

Congress believes Federal agencies can help solve the nurse faculty shortage, thereby helping to alleviate the nurse shortage, through use of the Intergovernmental Personnel Act (IPA) which allows federally employed nurses to be assigned temporarily as nurse faculty. The conference committee that reported out the Consolidated Appropriations Act for FY 2010 (subsequently enacted as Public Law 111-117) directed OPM to "carry out the Intergovernmental Personnel Act Mobility Program and to report to the Committees on Appropriations no later than 120 days after enactment. . .on how the mobility program is being used to alleviate the nursing shortage and on the demonstrable steps OPM has taken to encourage government-employed nurses to teach at accredited schools of nursing."

Under the IPA, Government nurses could work at schools of nursing to fill vacant or newly budgeted faculty positions and encourage new nurse graduates to join the Government. As part of an effort to examine the use of the IPA mobility program to alleviate the nurse and nurse faculty shortage, OPM convened a half-day forum with representatives from Federal agencies with large nurse populations.

⁸ E. Michele Richardson, MS, BSN, RN at the 121st meeting of the National Advisory Council on Nurse Education and Practice, held November 19-20, 2009

⁹ American Association of Colleges of Nursing. "FY 2008 Recommendation: Strategies to Address the Nursing Shortage." February 21, 2007.

¹⁰ The Nurse Education, Expansion, and Development (NEED) Act Summary (108th Congress) H.R. 5324

IPA Forum for Agency Nursing Representatives

OPM convened a half-day forum to find out how agencies are currently using the IPA mobility program and to discuss the viability of using the IPA mobility program to assign federally employed nurses to faculty positions at accredited schools of nursing.

Forum participants included nine (9) representatives from Federal agencies employing more than 2,000 nurses. Representatives from the following agencies were in attendance (in-person or via telephone):

- Civilian Personnel Management Service, Department of Defense, (DoD)
- Department of the Air Force, (DoD)
- Department of the Army, DoD
- Department of the Navy, DoD
- Indian Health Service, Department of Health and Human Service (HHS)
- National Institutes of Health, HHS
- Veterans Health Administration, Department of Veterans Affairs (VA)

One additional representative from Veterans Affairs (VA) provided feedback via email. The forum took place on March 12, 2010 and was facilitated by a contractor with knowledge of the nursing industry.

In preparation for the forum, OPM gathered data on the participating agencies' nursing populations (See Attachment A). This information helped guide development of the forum agenda and questions (See Attachment B). The forum addressed the following topics:

- Participants' perception of the nursing shortage and its impact on their agencies;
- IPA mobility program usage, including an overview of IPA guidelines, a review of available IPA assignment data, and general trends in how the IPA mobility program is used;
- Barriers and challenges to using the IPA mobility program, both in general and as it relates to nursing;
- Recommendations for increasing use of the IPA mobility program; and
- Alternative programs and ideas for addressing the nursing shortage.

Forum Participants' Perception of the Nursing and Faculty Shortage

Forum participants were asked about their perception of the national nursing shortage and the impact that it is having on their agencies.

Due to the recent downturn in the economy the majority of participating agencies are not currently experiencing a shortage of nurses, though they recognize there is an imminent, long-term national shortage. Participants indicated that recently agencies do not have a problem attracting and retaining Federal nurses. Participants reported that many federally employed nurses temporarily delayed their retirement but agencies expect a large attrition wave when the economic situation eases. (See Attachment C for data on expected attrition of HHS and VA nurses in FY2010-FY2014).

Respondents from some Department of Defense components and the National Institutes of Health anticipate that the nursing shortage will not impact them as much as hospitals and other healthcare

employers because they are an employer of choice with desirable service locations, competitive salaries, and, in some cases, recruitment bonuses and retention incentives. By contrast, Indian Health Service (IHS) representatives reported immense difficulty recruiting nurses due to rural hospital locations and lack of complex patient care. The Department of the Army also reported difficulty in recruiting and retaining nurses in rural locations. IHS is able to secure some staffing through nursing education scholarship programs that obligate recipients to work for IHS upon graduation.

IPA Mobility Program Usage

Prior to asking participants about their agencies' IPA usage, an OPM Staffing Policy Analyst provided an overview of the IPA mobility program. The critical program information and guidelines, as they pertain to this effort, are outlined in this section. This section also includes data gathered on IPA usage, and findings and trends as reported by agency representatives at the forum.

IPA Mobility Program Overview

The Intergovernmental Personnel Act mobility program authorizes the temporary assignment of personnel between the Federal Government and State and local governments, colleges and universities, and other eligible entities. The purpose of the program is to support innovation and enable participating organizations to share resources and expertise to solve mutual problems and improve public services.

Rules and regulations relating to temporary assignments under the IPA are outlined in 5 CFR part 334. The information below includes general program guidelines which govern the IPA program.

- **IPA Assignments:** Assignments typically last up to 2 years but can be extended for up to 2 additional years. Upon accepting an IPA assignment, a Federal employee must agree to continued service with the Federal Government upon completion of assignment for a period equal to the length of the assignment. The employee, the Federal agency, and the participating entity must enter into a written agreement outlining obligations and responsibilities. At the end of an IPA assignment, a Federal employee must be allowed to resume the duties of the position occupied prior to the assignment or be reassigned to another position of like pay and grade. It should be noted that a Federal employee may not spend more than 6 years of his or her Federal career on IPA assignments.
- **Employee Status:** Employees on an IPA assignment are on detail or leave without pay (LWOP). The assignee remains an employee of his or her original organization and retains the rights and benefits attached to that status. The position is subject to any personnel actions that may occur.
- **Costs:** Can be shared by the partnering organizations or assumed entirely by one or the other. Costs may include employee pay, supplemental pay, and certain fringe benefits, travel, and relocation costs.
- **Role of OPM:** OPM assists organizations by providing information on program policies and procedures, and on ways that assignments can be used to improve delivery of public services. OPM is not responsible for arranging individual assignments, except for its own employees.

The majority of forum participants indicated that they were familiar with the IPA mobility program.

IPA Usage Data

OPM pulled data on the number of non-Federal and Federal employees on IPA assignments from FY2004 to FY2009. Figure 1 includes total IPA assignments for all agencies as reported in the Central Personnel Data File.

Figure 1: Number of Employees on IPA Assignments---

	Non-Federal Employees on IPA Assignments (All Occupations)	Federal Employees on IPA Assignments (All Occupations)
FY2004	3	554
FY2005	12	426
FY2006	2	392
FY2007	1	223
FY2008	27	329
FY2009	18	457
Total	63	2381

Source: Central Personnel Data File

IPA Usage Findings and Trends

Forum participants were asked to review data on the number of nurses employed by their agencies on IPA assignment between FY2004 and FY2009. Representatives from Veterans Health Administration (VHA), National Institutes of Health (NIH), and Department of Defense (DoD) said the number of IPA assignments reported appeared to be low. According to representatives from Indian Health Service (IHS), there are many IHS nurses on special purpose IPA assignments but those assignments are not reported in the Central Personnel Data File. Under the Indian Self-Determination and Education Assistance Act, Indian tribal governments can take over hospitals previously managed by IHS. In such cases, the tribal government has the option to retain IHS employees on special purpose IPA assignments.

Forum participants were asked how the IPA program is used at their agencies. All participating agencies representatives agreed the IPA mobility program is primarily used to temporarily assign non-Federal employees to perform research at Government facilities. None of the participants had knowledge of Federally employed nurses using the IPA to teach at nursing schools. Although NIH representatives reported that NIH employees may serve on dissertation committees or give lectures at local nursing schools, these relationships do not use the IPA mobility program. Rather, they are most often intermittent and individually arranged. The forum participants provided data on registered and practical nurses on IPA assignments. The chart below summarizes the data.

	Non-Federal Employees on IPA Assignments (Nurse (610) and Practical Nurses (620))	Federal Employees on IPA Assignments (Nurse (610) and Practical Nurses (620))
FY2004	0	0
FY2005	0	2
FY2006	0	1
FY2007	2	3
FY2008	17	1
FY2009	8	3
Total	27	10

Barriers and Challenges in Using the IPA Mobility Program to Alleviate the Nursing and Faculty Shortage

Forum participants were asked to identify barriers and challenges in using the IPA Mobility Program to address the nursing and nursing faculty shortage. Based on participant responses, the barriers and challenges were divided into three topic areas:

- I. Barriers and challenges related to the general usage of the IPA mobility program
- II. Barriers and challenges regarding the use of the IPA mobility program to address the nursing and nursing faculty shortage
- III. Barriers and challenges related to the nursing and nursing faculty shortage that are beyond the scope of the IPA mobility program

I. Barriers and Challenges to General Usage of the IPA Mobility Program (regardless of professional discipline):

- Awareness/Outreach:
 - Turnover in Government may mean that HR, senior leaders, managers and employees are unaware of the program
 - IPA mobility program is not linked to career progression
 - No obvious reason for agencies to use IPA (no clear agency incentives)
- Limited agency personnel resources
 - If nurses, analysts or program specialists used the IPA mobility program, the agency would need to replace them while on assignment.
- Lengthy time commitment

- Two year IPA commitment
- Post-IPA service commitment
- Perception of complexity in the IPA application and approval process

Challenges specific to using IPA to bring non-Government staff into an agency:

- Difficult to adapt to the Federal culture
- Impact on self and family to relocate to a new geographical location for a 2-4 year period
- Cost of living in assigned area

II. Barriers and Challenges Regarding Use of the IPA Mobility Program to Address the Nursing and Nursing Faculty Shortage:

- Conflicting perceptions of program purpose: Perception of some forum participants that the purpose of the IPA is to gain new skills for participants. If agencies are sending Federal nurses out to teach, they are not fulfilling IPA purpose for learning new skills that benefit the agency except perhaps to increase teaching skills.
- Mission needs:
 - Unclear advantage for agency participation in program
 - Agencies may prefer to focus nurses' teaching and research capabilities on educational and operational issues related to agency mission
 - Teaching is resource intensive and agencies need to focus on meeting patient care needs
- Staffing concerns:
 - Fewer nurses in the agency where there may already be a nursing shortage and recognition of an impending shortage for agencies which currently may not be experiencing a nursing shortage.
 - Increased burden on those nurses remaining within agency
 - Federal nurses may not have the right skills and experience to address the faculty shortage
- Credentials/Qualifications issues:
 - Federal nurses may not possess adequate credentials for teaching (Master's or Doctoral degrees). If they do, the agency is releasing highly skilled/qualified personnel needed at the agency
 - A good nurse may not be a good teacher
- Funding issues:
 - The agency funds the person's time then that person is pulled away from what they were hired to do
 - The academic institution realizes the benefit while the Government pays the salary
- Geographic challenges:
 - Agencies not always located near teaching facilities
 - Currently agencies may experience a problem recruiting in less desirable locations

III. Barriers and Challenges Related to the Nursing and Faculty Shortage Beyond the Scope of the IPA Mobility Program:

- Nursing shortage:
 - Attrition is due to age and burnout
 - There is a limited number of places for clinical placement
 - There are issues related to respect for the profession

- Faculty shortage:
 - High academic standards may discourage nurses from seeking faculty positions because they may need to spend time and resources to acquire advanced degrees
 - There are high costs associated with faculty training and education
 - The nursing faculty salaries are not competitive. Nurses can earn more in clinical practice
 - Teaching is physically demanding and goes beyond the classroom

Recommendations for Increasing the Use of the IPA Mobility Program to Address the Nursing and Faculty Shortage

Participants were asked to consider and identify ways that OPM could assist agencies in increasing their use of the IPA program to address the nursing shortage. During the conversation a theme emerged related to the strong need for outreach and awareness activities to support the program. Another area repeatedly mentioned by participants was the possibility of positioning teaching as a viable post-Federal career. These themes form a backdrop for the recommendations section. Participant recommendations are categorized in three areas:

- I. Communication recommendations
- II. Programmatic recommendations
- III. Other recommendations

Note: Recommendations include activities that would most likely be the responsibility of OPM, activities that would most likely be the responsibility of agencies, and activities for which OPM and agencies would share responsibility. This information is denoted in italic parentheses.

I. Communication Recommendations (OPM)

- Conduct analysis and data gathering to support program usage
 - Update agency figures on use of the IPA mobility program
 - Collect data on national long-term impact of the nursing and faculty shortage
 - Identify where the experienced people with the right credentials are. They may not be in the direct service agencies with the large numbers of direct care nurses
- Highlight pros and cons of the IPA mobility program
 - Identify benefits of program usage for the agencies
 - Identify agency cost/benefit for senior leaders
- Develop incentives for participation
 - Identify agency advantages for supporting nurse participation, such as
 - Use the IPA mobility program as a recruitment tool
 - Federal IPA participants act as ambassadors and mentors
 - Federal IPA participants encourage students under their supervision to consider a career in Federal service upon graduation
 - Identify possible incentives for program participation by Federal nurses
 - Student loan repayment/forgiveness
 - Gain experience in other work cultures

- Teaching as a means to give back to profession and create a legacy
 - Gain skills and identify a possible career after Federal retirement
- Develop tools to support the program
 - Marketing materials
 - FAQs and webinars
- Target outreach and awareness
 - Work to gain senior leader buy-in
 - Customize tools and marketing efforts specifically for HR, for managers and for potential participants

II. IPA Programmatic Recommendations (OPM/Agency)

- Broaden the approach (*OPM/Agency*)
 - Consider experts in all Allied Health positions as potentially qualified to teach specific segments of nursing curriculum (e.g., chemists to teach nurse chemistry, others to teach ethics, biology)
- Address funding issues (*Agency*)
 - Identify funding to allow the agency to backfill position while employee uses IPA
 - Fund programs to allow Federal nurses to gain teaching qualifications and credentials
- Examine the service agreement
 - Consider waiving the service agreement (*OPM*)
 - Requesting waivers could be too cumbersome
 - Consider extending program participation beyond six years
 - Amend agreement if nurse wants to stay in faculty position (*Agency*)

III. Other Recommendations (OPM/Agency)

- Create partnerships
 - Include nursing academic institutions in the discussion (*OPM*)
 - Build strong relationships with colleges and universities to approach problem as partners (*Agency*)
 - Capitalize on models developed at the state level with universities and hospitals (*OPM/Agency*)
 - Partner to develop a white paper that builds a case for strategic planning between schools and agencies for using IPAs (*OPM*)
- Leverage other agencies (*OPM*)
 - Work with HHS Health Resources and Services Administration (a provider of grants that support nursing education) to consider incorporating language into their grants that encourages participating colleges and universities to partner with agencies and through IPAs.
- Create a funded pilot with evaluation criteria to experiment with promising approaches to increasing use of the IPA to address the nursing shortage (*OPM*)
- Position of the program (*OPM*)
 - The IPA mobility program should supplement, not replace, existing partnerships and consortiums initiated by agencies, states and healthcare employers.

Other Programs Addressing the Nursing and Faculty Shortage

The forum concluded with a discussion of other (non-IPA) programs that participating agencies have developed and initiated to address the nursing shortage. Please note this list is limited to programs discussed at the forum and is not an exhaustive list of participating agencies efforts.

- **VA Nursing Academy (VANA)**, a five-year pilot program that began in FY2008, partners the VA's world-class healthcare system with accredited schools of nursing. The program provides mutual benefit to nursing schools and VA facilities by expanding faculty and professional development, increasing nursing student enrollment primarily in baccalaureate programs although some increases in graduate programs may also occur, encouraging educational and practice innovations, increasing hiring of new nursing graduates, and increasing retention of VA nurses. The program currently has 15 active partnerships.
- **DoD Graduate School of Nursing**, in the Uniformed Services University of the Health Services, offers Master's degree programs in nurse anesthesia, family nurse practitioner, and perioperative nursing, and a Doctoral program in nursing science. DoD provides incentives for active duty and Federal civilian nurses to pursue advanced degrees at the USU Graduate School of Nursing by covering all tuition costs. Students continue to receive their regular salaries while completing their degree program.
- **IHS Health Professions Scholarship Programs** provide financial support to American Indian and Alaska Native students pursuing degrees in nursing.
- **National Institute of Nursing Research** collaborates with universities to provide research opportunities to students in fast-track Baccalaureate-to-Doctoral programs, thereby accelerating the development of new nurse scientists and faculty.

Next Steps

OPM recognizes that addressing the challenge presented by the nurse and nurse faculty shortage will require continued activities and monitoring. Efforts and activities captured in this report are a first step. OPM anticipates conducting additional forums to capture best practices in IPA mobility program usage, particularly as it relates to Federal employee use of the program. OPM will continue to work with forum participants to increase awareness of the program and track IPA mobility program usage. Additionally, OPM will identify recommendations to alleviate the nursing faculty shortage and explore specific proposals to use IPA to address the shortage, recognizing the associated cost to fill resulting vacancies or pay for dual comp positions. OPM will work with academic institutions and key agency stakeholders on possible solutions and would welcome the opportunity to meet with members of Congress and their staffs to explore specific opportunities.

OPM is considering other efforts to expand the outreach of the IPA mobility program, such as annual data collection. OPM will work through the Chief Human Capital Officers Council to determine ways to utilize the program as a recruiting and talent management tool. Internal OPM Human Capital Officers are being trained to support the agencies in the use of the IPA. Further, the IPA mobility

program regulations will be assessed to identify opportunities to strengthen the program to meet key priorities in talent management and hiring reform.

Attachment A: Federal Nurse Populations for Occupation Series 0605, 0610, 0620, and 0621 for Forum Participants

Nurse Anesthetist Series (0605), Nurse Series (0610), Practical Nurse Series (0620), and Nursing Assistant Series (0621) Population, for Forum Participants

Source: Fed Scope, September 2009

Agency & Sub-element	Nurse Population				
	0605-NURSE ANESTHETIST (TITLE 38)	0610- NURSE	0620- PRACTICAL NURSE	0621- NURSING ASSISTANT	Total
D+-DEPARTMENT OF DEFENSE	0	8,096	2,714	1,437	12,247
AF-DEPARTMENT OF THE AIR FORCE	0	801	166	91	1,058
AR-DEPARTMENT OF THE ARMY	0	5,480	2,217	1,325	9,022
DD-OTHER DEPARTMENT OF DEFENSE	0	113	1	0	114
NV-DEPARTMENT OF THE NAVY	0	1,702	330	21	2,053
HE-DEPARTMENT OF HEALTH AND HUMAN SERVICES	0	5,424	283	575	6,282
HE10-OFC SEC HEALTH AND HUMAN SERVICES	0	2,034	56	50	2,140
HE36-FOOD AND DRUG ADMINISTRATION	0	57	0	0	57
HE37-INDIAN HEALTH SERVICE	0	2,167	223	520	2,910
HE39-CENTERS FOR DISEASE CONTROL AND PREVENTN	0	10	0	0	10
HE70-CENTERS FOR MEDICARE & MEDICAID SERVICES	0	105	0	0	105
VA-DEPARTMENT OF VETERANS AFFAIRS	680	51,500	12,763	10,143	75,086

Attachment B: Forum Agenda (Facilitators Version)

Intergovernmental Personnel Act (IPA) Forum For Agency Nursing Representatives

Date: Friday, March 12, 2010

Time: 9:30AM – 1:00PM

Background:

OPM has a mandate for a report to Congress in mid-April regarding OPM's actions in alleviating the nursing shortage. One reason for the shortage of nurses in the public/private sectors is the lack of faculty at educational institutions to educate nursing students. Congress wants to know how the IPA (Intergovernmental Personnel Act) program is being used to address the faculty shortage. The IPA allows Federal employees to work at certain nonprofits or educational institutions and allows staff from nonprofits or educational institutions to work for the Government for limited periods of time. Congress is promoting the idea for nurses employed in the Federal Government to work at nursing schools to increase the number of faculty and encourage new nurses to join the Government.

Purpose:

To discuss the feasibility of using the Intergovernmental Personnel Act (IPA) program to address the national nursing shortage by assigning Federal nurses to temporary faculty positions at accredited schools of nursing.

Time	Agenda
9:30AM – 9:35AM	WELCOME AND INTRODUCTIONS
9:35AM – 9:50AM	OVERVIEW OF THE IPA PROGRAM <ul style="list-style-type: none"> • Purpose • Policies and Procedures
9:50AM – 10:00AM	OVERVIEW OF THE CONGRESSIONAL REQUEST
10:00AM – 10:30AM	IF AND HOW AGENCIES CURRENTLY USE THE IPA MOBILITY PROGRAM <ul style="list-style-type: none"> • Lead in: Are you talking about the nursing and faculty shortage in your organizations? What are your agency's views? Impacts? HAND OUT: IPA ASSIGNMENT DATA <ul style="list-style-type: none"> • Review data with participants: <ul style="list-style-type: none"> ○ Do these numbers appear accurate? ○ The nurses currently in IPA assignments: What are they doing? Where are they assigned?

	<ul style="list-style-type: none"> • Are IPA assignments used more to detail Federal employees to other organizations or vice versa? Why? • Are people coming in and asking for assignments or is the agency doing outreach to promote the use of IPA to nurses? • This presupposes that you are using the program. If the IPA mobility program is not being used, explain why. Would you consider using the program? Why or why not?
10:30AM – 11:25AM	<p>BARRIERS AND CHALLENGES TO USING THE IPA MOBILITY PROGRAM TO ADDRESS THE NURSING SHORTAGE (WORKSHEET)</p> <ul style="list-style-type: none"> • Are there any general barriers to using the IPA mobility program (not specific to addressing the nursing shortage)? (e.g., extended service commitment, relocation costs, compensation arrangements) • What are the possible barriers and challenges to using the IPA mobility program to assign Federal nurses to faculty positions? <ul style="list-style-type: none"> ○ Does your agency have nurses to spare? ○ Do Federal nurses have the credentials needed to assume faculty or clinical instructor positions at nursing schools? ○ Do you think agency leaders would be willing to approve IPA assignments?
11:25AM – 11:30AM	BREAK
11:30AM – 12:15PM	<p>RECOMMENDATIONS FOR INCREASING USE OF THE IPA MOBILITY PROGRAM (WORKSHEET)</p> <ul style="list-style-type: none"> • What do you need from OPM to increase the use of the IPA mobility program in your agency? • What other things should OPM consider as it addresses the issue of using the IPA to alleviate the nursing/faculty shortage?
12:15PM – 12:45PM	<p>IPA MOBILITY PROGRAM ALTERNATIVES FOR ADDRESSING THE NURSING SHORTAGE</p> <ul style="list-style-type: none"> • Is your agency using another mechanism to help alleviate the nursing and faculty shortage?
12:45PM – 1:00PM	<p>FORUM WRAP-UP:</p> <ul style="list-style-type: none"> ▪ If needed, can we follow up with you?

Attachment C: Current and Projected Gaps and Surpluses for Nurse Occupation Series 0610, 0620, and 0621

The table below is an analysis of the agencies' current and projected staffing levels, their projected attrition rates, and their hiring estimates for Fiscal Year (FY)2009 through FY2014 for the nurse occupation series 0610, 0620, and 0621. The data is based on the information agencies submitted in their 2009 Human Capital Management Report's Systems Standards and Metrics. Both HHS and VA identified the nurse occupation series 0610 as a mission critical occupation. The VA identified two additional critical occupations, Practical Nurse Series (0620) and Nursing Assistant Series (0621). For the columns containing The Gap or Surplus Closed by the End of the fiscal year (2009 and 2014), those numbers are based on the agency's Number of Employees On Board on September 30, 2009 against their Target for Number of Employees to Reach by September 30 of FY2009 and FY2014. The numbers below for Gap or Surplus for the end of FY2009 are indicating a surplus for HHS and VA while the numbers for Gap or Surplus by the end of FY2014 are indicating gaps for both HHS and VA.

HHS & VA Nurses (0610, 0620, & 0621)

Occupation Series	Agency	Number of Employees On Board on October 1, 2009	Projected Attrition for FY2010	Staffing Level for FY2010	Projected Attrition for FY 2011 - FY2014	Staffing Level for FY2014	Projected Attrition for FY2010-FY2014***	Gap or Surplus to Close by the End of FY2014**
Nurse Series (0610)	HHS	3405	-480	3320	-2400	3668	-2880	-3143
Nurse Series ((0610)	VA	51751	-3564	48361	-15985	52855	-19549	-20653
Nurse Series (0610)Total	HHS, VA	55156	-4044	51681	-18385	56523	-22429	-23796
Practical Nurse Series (0620)	VA	12876	-1265	12507	-5555	13591	-6820	-7535
Nursing Assistant Series (0621)	VA	10212	-1141	10006	-5420	10873	-6561	-7222

Notes

- Blue = Occupation totals for reporting agencies (HHS & VA).
- * **FY2010 Targets are established by agencies. There is no calculation to determine this number.**
- ** Gap or Surplus to Close for FY 2014 = Employees onboard by the end of FY 2009 PLUS (+) Projected attrition for FY 2010 through 2014 *MINUS* (-) Target by end of FY2014 (the numbers here are indicating gaps for HHS & VA).
- ***Projected Attrition for FY2010-FY2014 = Projected Attrition for FY2010 *PLUS* (+) Projected Attrition for FY2011-FY2014.

Attachment D: Federal Nursing Population for Nurse Occupation Series 0605, 0610, 0620, and 0621

BREAKDOWN BY AGENCY FOR THE FOLLOWING OCCUPATIONS: 0605, 0610, 0620, & 0621
SOURCE: SEPTEMBER 2009 CENTRAL PERSONNEL DATA FILE (CPDF)

AGENCY	NURSES				All
	0605-NURSE ANESTHETIST (TITLE 38)	0610-NURSE	0620-PRACTICAL NURSE	0621-NURSING ASSISTANT	
AF-DEPARTMENT OF THE AIR FORCE		801	166	91	1,058
AG-DEPARTMENT OF AGRICULTURE		44	11	1	56
AR-DEPARTMENT OF THE ARMY		5,480	2,217	1,325	9,022
CM-DEPARTMENT OF COMMERCE		14			14
DD-OTHER DEPARTMENT OF DEFENSE		113	1		114
DJ-DEPARTMENT OF JUSTICE		629	99	32	760
DL-DEPARTMENT OF LABOR		14			14
DN-DEPARTMENT OF ENERGY		2			2
EP-ENVIRONMENTAL PROTECTION AGENCY		2			2
FC-FEDERAL COMMUNICATIONS COMMISSION		1			1
HE-DEPARTMENT OF HEALTH AND HUMAN SERVICES		5,424	283	575	6,282
HS-DEPARTMENT OF HOMELAND SECURITY		35			35
IN-DEPARTMENT OF INTERIOR		15	3		18
KS-CORP FOR NATIONAL AND COMMUNITY SERVICE		1			1
LP-GOVERNMENT PRINTING OFFICE		3			3
NV-DEPARTMENT OF THE NAVY		1,702	330	21	2,053
OM-OFFICE OF PERSONNEL MANAGEMENT		4			4
PU-PEACE CORPS		23			23
RH-ARMED FORCES RETIREMENT HOME		19	38	88	145
RR-RAILROAD RETIREMENT BOARD		1			1
SM-SMITHSONIAN INSTITUTION		10			10
ST-DEPARTMENT OF STATE (MINUS FOREIGN SVC)		37		2	39
SZ-SOCIAL SECURITY ADMINISTRATION		26			26
TD-DEPARTMENT OF TRANSPORTATION		15			15
TR-DEPARTMENT OF TREASURY		7			7
VA-DEPARTMENT OF VETERANS AFFAIRS	680	51,500	12,763	10,143	75,086
All	680	65,922	15,911 <u>0605/0610/0620=82,513</u>	12,278	94,791



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
Employee Services
1900 E Street, NW
Washington, DC 20415